

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer, **VILLAGE OF BAYSIDE**, (hereinafter "EMPLOYER") and its payroll processor, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by EMPLOYER to my account. In the event that EMPLOYER deposits funds erroneously into my account, I authorize EMPLOYER to debit my account for an amount not to exceed the original amount of erroneous credit.

Employee Name _____

Social Security # _____

- Begin Deposit Change Information Cancel

Bank Name _____

City _____

_____ **Checking:** I wish to deposit (check one):

- \$ _____
 _____% net pay
 Entire net pay

Routing # _____

Account # _____
(Submit void check or Bank letter to verify)

_____ **Savings:** I wish to deposit (check one):

- \$ _____
 _____% net pay
 Entire net pay

Routing # _____

Account # _____
(Submit void check or Bank letter to verify)

This authorization is to remain in full force and effect until EMPLOYER and BANK have received written notice from me of its termination in such manner as to afford EMPLOYER and BANK a reasonable opportunity to act on it.

Employee Signature _____

Date _____