



### AUTHORIZATION FOR DIRECT DEPOSIT

**Please fill out and return to the Department of Human Resources**

I authorize the City of Edinburg and First National Bank to initiate electronic entries to my account(s) each pay day. By selecting direct deposit, I acknowledge that although pay day is on Friday, that my direct deposit might not be credited until the Monday following the pay day. By signing this form, I understand that the City of Edinburg and First National Bank will not be responsible for any Overdraft Fees or any other related fees charged by your bank due to the deposit being credited on the Monday following the pay day. This authorization will remain in effect until I have cancelled it in writing.

**Checking**       **Savings**

\$ \_\_\_\_\_ **Fixed Amount**      \_\_\_\_\_ **% Percentage**

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**Financial Institution**

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**Routing Number**

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**Account Number**

**Checking**       **Savings**

\$ \_\_\_\_\_ **Fixed Amount**      \_\_\_\_\_ **% Percentage**

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**Financial Institution**

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**Routing Number**

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**Account Number**

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **REQUIRED:**

**FOR CHECKING ACCOUNT: PRE-ENCODED BANK DEPOSIT SLIP AND A VOID CHECK.**

**FOR SAVINGS ACCOUNT: ACH AUTHORIZATION FORM FROM YOUR BANK.**