

## The City of Roanoke Rapids



## DIRECT DEPOSIT OF PAYROLL

Direct deposit is a service in which your payroll funds are sent electronically to the financial institution of your choice. The funds will be credited to your account on your scheduled payday. Since payroll direct deposit is considered a cash deposit by the bank, there will be no hold on your funds. This means that you can cash a check, write checks or make a withdrawal at your bank's automatic teller machine (ATM) on payday. We will continue to provide you with information on the amount of your net pay, along with any deductions and withholdings made from your pay. In addition, you will see the deposit amount and date of deposit reflected on your next bank statement.

To receive the many benefits of this service, you will need to sign an authorization for us to automatically credit your personal checking or savings account each payday. We will transmit your payroll information to the Company's bank for processing. The information will then be transmitted to your bank or savings institution for credit to your account. Because virtually all financial institutions participate in the direct deposit program, there should be no need to alter your current banking arrangement.

Consider the following benefits:

- You will receive your pay on your exact pay date, even if you're out of town
- There is no need to rush to the bank to make a deposit
- Your deposit is secure, so you don't have to worry about lost or stolen checks
- Payment information is strictly confidential
- There is no cost for you to participate in the program
- Your deposit can be split between checking and savings accounts

I am not interested in participating in direct deposit at this time		
I would like to participate in direct deposit		
<u>AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)</u>		
Company Name: City of Roanoke Rapids	Company ID Nur	mber: <u>56-6001319</u>
I(we) hereby authorize The City of Roanoke Rapids, hereinafter called COMPANY to initiate credit entries and to initiate, necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account indicated below and the depositor named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.		
1 <sup>ST</sup> DEPOSITORY (Bank) Name:	% or \$	
Name:	Branch:	<u> </u>
City: Account	State:	Zip:
Transit/ABA No: Account	#	
2 <sup>ND</sup> DEPOSITORY (Bank) (If applicable)	% or \$	
2 <sup>ND</sup> DEPOSITORY (Bank) (If applicable) Name:	Branch	<u> </u>
City: Account	State:	Zip:
Transit/ABA No: Account	#	
This authority is to remain in full force and effect until COMPAN termination in such time and in such manner as to afford COMPA	Y has received written n	notification from me (or either of us) of its
Name(s)	SS#	<del>-</del>
Date: Signed X		
Revised 8/06/2008 (A VOIDED CHECK MU	ST BE ATTACHED	FOR EACH ACCOUNT)

A copy of this form must be retained in the Employee's Personnel File