CITY OF PRAIRIE VILLAGE
AUTHORIZATION FORM

DIRECT DEPOSIT OF PAYROLL

I hereby authorize the City of Prairie Village to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to κchecking and/or κ savings account(s) (select one or both) at the financial institution indicated on the enrollment form. I further authorize the financial institution named in the enrollment form to credit and/or debit such account.

I understand that this authorization remains in effect until the City of Prairie Village receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the City of prairie Village and my financial institution a reasonable time to act on it.

_____

Employee / Account Holder Signature Date

_____

Joint Account Holder Signature Date

Please provide the information as noted below:

(If you prefer, a voided check will provide the necessary information.)

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Transit/ABA # _____

Account # _____