



CITY OF IOWA CITY

410 East Washington Street
Iowa City, Iowa 52240-1826
(319) 356-5000
(319) 356-5009 FAX
www.icgov.org

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS
(ACH CREDITS)**

I hereby authorize City of Iowa City hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my account(s) indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

PRIMARY DEPOSITORY #1 **SELECT ONE:** **Checking Account** **Savings Account**

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ EMPLOYEE NO: _____

DATE: _____ SIGNED: _____

I elect to have my pay stub sent electronically to me through email in lieu of receiving a paper copy.

Email Address _____

ATTACH A VOID CHECK OR SAVINGS DEPOSIT STUB TO THE BOTTOM HALF OF THIS FORM FOR VERIFICATION

RETURN TO THE ACCOUNTING DIVISION, ATTN: PAYROLL ACCOUNTANT, WHEN COMPLETED AND SIGNED.