PLEASE CALL YOUR BANK FOR PROPER DIRECT DEPOSIT TRANSIT/ABA NUMBER AND ACCOUNT NUMBER. IT IS THE EMPLOYEE'S RESPONSIBILITY TO PROVIDE ACCURATE INFORMATION TO PREVENT ERRORS IN DEPOSITING YOUR CHECK!!!!

Any incorrect numbers WILL result in the delay of depositing of your check.

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Name_____
(Please Print)

Phone Number_____

I hereby authorize the City of Ocala, hereinafter called City to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ____Checking ____ Savings Account (select one), indicated below and the depository named below, hereinafter called Financial Institution, to credit and/or debit the same to such account.

_____ 100% (net check) OR $ _____ (Monthly Amount)

Financial Institution_____ Branch_____

City_____ State_____ Zipcode_____

Transit/ABA #_____ Account # _____

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

Date_____ Signature_____

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Please cancel my Direct Deposit authorization.

Date_____ Signature _____

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*Certain circumstances could result in a delay of direct deposit such as a bank or City holiday.