

**AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSITS**

Employee Name: \_\_\_\_\_ Effective date: \_\_\_\_\_  
 Employee ID/SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

**BANK INFORMATION**

(Select Balance on Only ONE Box)

**Deposit Priority (1) – Deduct this amount 1<sup>st</sup>** Allow Partial deduction   
Full Deposit or Balance   
 New  Delete  Change New Amount \$ \_\_\_\_\_

Bank Transit/Routing # (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking  Savings

**BANK INFORMATION**

(Select Balance on Only ONE Box)

**Deposit Priority (2) – Deduct this amount 2<sup>nd</sup>** Allow Partial deduction   
Full Deposit or Balance   
 New  Delete  Change New Amount \$ \_\_\_\_\_

Bank Transit/Routing # (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking  Savings

**BANK INFORMATION**

(Select Balance on Only ONE Box)

**Deposit Priority (3) – Deduct this amount 3<sup>rd</sup>** Allow Partial deduction   
Full Deposit or Balance   
 New  Delete  Change New Amount \$ \_\_\_\_\_

Bank Transit/Routing # (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking  Savings

**I authorize the City of Lowell to automatically deposit any amounts owing to me at my Depository Financial Institution(s) named above. I understand that this agreement may be terminated by me or by the City of Lowell at any time by written notification. I authorize the City of Lowell to debit my account for the purpose of correcting an Erroneous credit previously initiated to my account provided that prior to the debit, The City of Lowell has notified me in writing of such debit and the reason therefor.** In consideration of the accommodation to me from the City of Lowell of such direct Deposit, I hereby release and hold harmless the City of Lowell for any loss or Damage sustained to me for any loss or damage sustained by me as a result of Funds being deposited late to said account or for failure to deposit funds to said Account through oversight, error (mechanical or otherwise) or negligence of the City of Lowell or its agents, servants or employees.

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a voided check and return City Auditor's office, Attn: PAYROLL**

Employee wishing to take advantage of payroll direct deposit may do so by bringing a voided personal check to the City Auditor's office and filling out an authorization form. Prior to direct deposit authorization employees should consider the following:

1. It takes approximately 3 pay cycles for direct deposit to become effective.
2. This is an "all or nothing" proposition. In other words, all of your net must be deposited, regardless of the number of checks or types of earnings you typically receive in a pay period.
3. Direct deposits are wired to the Automated Clearinghouse in New York on Wednesday evening. Depending on the sophistication of your bank, your pay will be available on Thursday or Friday morning. Your bank has up to 48 working hours to deposit funds into your account. Only your bank, and not the City of Lowell, has any control over funds availability.
4. Employees electing direct deposit will not receive checks, but rather white, non-negotiable remittance advices.
5. **Employees should immediately notify the City Auditor's office whenever they close or change and active direct deposit account.**
6. We will make every effort to comply with the times and dates mentioned above, we cannot give any guarantees.

