

City of Gulf Breeze
Authorization Agreement for Direct Deposits

I hereby authorize the City of Gulf Breeze to initiate credit and/or correction entries to my Checking and/or Savings account(s) indicated at the depository named below, hereon after called “Depository”, to credit the same such account.

Employee Name

Social Security Number

Employee Signature

Date

Check one:

NEW DIRECT DEPOSIT ☐

CHANGE BANK ACCOUNT ☐

CHANGE DEPOSIT AMOUNT ☐

Routing Number _____

Amount _____

Account Number _____

Percentage _____

Checking ☐

Savings ☐

Routing Number _____

Amount _____

Account Number _____

Percentage _____

Checking ☐

Savings ☐

Routing Number _____

Amount _____

Account Number _____

Percentage _____

Checking ☐

Savings ☐

A VOIDED CHECK OR BANK LETTER MUST BE ATTACHED FOR CONFIRMATION OF ACCOUNT INFORMATION.