

**CITY OF BIRMINGHAM
AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS**

TYPE OF REQUEST New Enrollment Change Account # Change Bank

IMPORTANT - For routing and account number verification purposes, please attach a voided or cancelled check. If depositing to a savings account, please attach a voided deposit slip. Please return completed form and voided check to: City of Birmingham Finance Department, Payroll & Pension Administration, 710 20th Street North, Room 189, Birmingham, AL 35203

I (we) hereby authorize the City of Birmingham to initiate credit entries **and** to initiate, if necessary, debit entries and adjustments for any credit entries to my (our) bank account as indicated below and the depository named below, to credit **and/or** debit the same to such account.

I understand and acknowledge that all wage payments to City of Birmingham employees will be made strictly through **electronic** means. This authorization is to remain in full force and effect until the City of Birmingham has received **written notification** from me (or either of us) of **any change** to my (our) account **at least two (2) weeks prior** to the desired date of change.

Employee's Name (*Print*) _____ Employee ID# _____

Date of Birth _____ Soc Sec # _____

Street Address _____

City, State, ZIP _____

Phone # _____ Type: Cell Home Work

Employee's Signature _____ Date _____

Spouse's Name - If Joint Account (*Print*) _____

Spouse's Signature _____ Date _____

DEPOSITORY (BANK) NAME: _____

BRANCH NAME _____ **CITY:** _____ **STATE:** _____

TYPE OF ACCOUNT:

CHECKING ACCOUNT SAVINGS ACCOUNT PAY CARD*

* If you do not have a traditional bank account to facilitate your direct deposit, you will be issued a Compass Bank PaySource Pay Card.

FOR FINANCE DEPARTMENT USE ONLY

Bank Routing No. _____ Acct No. _____

Department: _____ Set Up Date: _____ Set Up Completed By: _____