

# City of Cabot Direct Deposit Authorization Form

By signing below, I hereby authorize the City of Cabot to initiate entries to my checking/savings account(s) at the financial institution(s) listed below. And if necessary, initiate adjustments for any transactions credited in error.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Financial Institution Information

### PRIMARY (required)

(1)

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Financial Institution Address: City State Zip

\_\_\_\_\_  
Financial Institution Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
\$ Amount Per Pay Period

Account Type:  Checking

Savings

### SECONDARY

(2)

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Financial Institution Address: City State Zip

\_\_\_\_\_  
Financial Institution Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
\$ Amount Per Pay Period

Account Type:  Checking  Savings

### SECONDARY

(3)

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Financial Institution Address: City State Zip

\_\_\_\_\_  
Financial Institution Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
\$ Amount Per Pay Period

Account Type:  Checking  Savings

**\*\*A voided check from your checking account and/or a voided deposit slip from your savings account must be submitted with this form. \*\***