

City of Lawrence Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the City of Lawrence to initiate automatic deposits to my account at the financial institution named below. I also authorize the City of Lawrence to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the City of Lawrence responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the City of Lawrence receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Personal Information

Employee Full Name:

Employee ID:

Account Information

Name of Financial Institution Checking Savings

Routing Number Amount

Account Number

Name of Financial Institution Checking Savings

Routing Number Amount

Account Number

Please attach a voided check and return this form to the Payroll Department.

Account Cancellation

Name of Financial Institution

Routing Number Checking Savings

Account Number Amount

PAPERLESS Pay Stub Request

Authorization Agreement

*****The City of Lawrence encourages its employees to utilize the Paperless Pay Stub option*****

I hereby elect to receive my pay advice electronically through the email provided below:

Employee's Email Address:

Employee Signature

Employee Signature: Date