

CITY OF WAUPACA  
DIRECT DEPOSIT AUTHORIZATION

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

I hereby authorize the City of Waupaca (Employer) to initiate credit entries to the account below. If necessary, debit entries will be initiated as adjustments for credit entries in error to my account listed below.

Type of account:  Checking  Savings

Transit Route #: \_\_\_\_\_ Account or ACH#: \_\_\_\_\_

This direct deposit authorization is to remain in full force until Employer has received written notification from me of its termination in such manner as to afford Employer and my financial institution a reasonable opportunity to act on it.

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

**You must include a voided check or share draft for checking account with this form. A deposit slip may only be attached for savings account.**

You must contact your credit union to obtain the proper ACH (automated clearing house) account and transit routing numbers. Credit union account and routing numbers used for direct deposit transactions may be different than those indicated on the share draft you attach.

08/05