

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

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TRANSIT/ABA ROUTING NUMBER (9 DIGITS): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT HOLDERS NAME: \_\_\_\_\_

I hereby authorize the City of Wynne, hereafter called COMPANY, to deposit into my account indicated above the NET amount I am due for any pay period with the same effect as if a check had been delivered to me. I also authorize the Financial Institution named above, hereafter called BANK, to credit the same to my account. In the event that an entry to my account was made in error, I authorize the BANK to make the adjusting entry.

This authority is to remain in full force and effect until the COMPANY and BANK have received written notification from me of its termination with such time and in such a manner as to afford the COMPANY and BANK a reasonable opportunity to act on it.

PRINTED NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACH VOIDED CHECK HERE