

DIRECT DEPOSIT ENROLLMENT

New Request

Change Request

Use this form to notify employer that you want the proceeds deposited directly into the bank of your choose.

Name	Social Security Number
Address	
City, State, ZIP Code	

I hereby authorized City of Camden hereinafter to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY" to credit and/or debit the same to such account.

PRIMARY ACCOUNT Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No. _____
Routing Number	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:

OPTIONAL SECONDARY ACCOUNT Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No. _____
Routing Number	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature