

CITY OF CAMDEN
Direct Deposit Agreement Form
 Authorization Agreement

NEW REQUEST

CHANGE REQUEST

Name	
Address	
City/State/Zip	
Phone	
SS #	

I hereby authorize the City of Camden to initiate automatic deposits to my account at the financial institution named below. I also authorize the City of Camden 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 Camden 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 Camden receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Office.

Name of Financial Institution: _____ Deposit Amount: _____
 Routing Number: _____ Start Stop
 Account Number: _____ Checking Savings

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Please attach a voided check or deposit slip and return this form to the Payroll Office.

Signature

Date