CITY OF MARQUETTE

300 W. Baraga Avenue
Marquette, MI 49855
906-228-0480

Marquette
the Superior location

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the City of Marquette to initiate automatic deposits to my account(s) at the financial institution named below. This agreement will remain in effect until the City of Marquette has received a written notice of cancellation from me. Termination of employment will void this authorization.

Account Information

☐ **Add** ☐ **Remove** ☐ **Change**

Financial Institution _____

Routing Number _____

Account Number _____

Net Pay or Balance
Checking Savings
☐ ☐

☐ **Add** ☐ **Remove** ☐ **Change**

Financial Institution _____

Routing Number _____

Account Number _____

Fixed Amount $ _____
Checking Savings
☐ ☐

☐ **Add** ☐ **Remove** ☐ **Change**

Financial Institution _____

Routing Number _____

Account Number _____

Fixed Amount $ _____
Checking Savings
☐ ☐

Employee # _____

Effective Pay Date _____

Social Security # _____

Print Name _____

Signature _____

Please attach a voided check to form

Print Form