City of Carmel

Direct Deposit (ACH) Agreement Form

Please Print

Employee Name:	Employee ID #:

Department:

Home phone:	Cell phone:	Work phone:

Authorization Agreement

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

Account Information

Name of Financial Institution:

Routing Number:	Account Number:	Checking (22) ☐	Savings (32) ☐

New account ☐ Voided Check or Bank Letter Required	Cancel this account ☐	Existing account info Do Not Change ☐	Existing account Change $ Amount ☐

Amount to deposit: All ☐   OR $ _____

Account Information

Name of Financial Institution:

Routing Number:	Account Number:	Checking (22) ☐	Savings (32) ☐

New account ☐ Voided Check or Bank Letter Required	Cancel this account ☐	Existing account info Do Not Change ☐	Existing account Change $ Amount ☐

Amount to deposit: All ☐   Remainder of Check ☐   OR $ _____

Signature

Authorized Signature:	Date: