

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize City of Iowa City hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my account(s) indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Your first pay check/stub will be a payroll check due to the pre note procedure that verifies bank account information. The second pay check/stub will be direct deposited barring no errors on the pre note.

FINANCIAL INSTITUTION:				
CITY:			CTATE.	ZIP:
DOLUTING NO.			STATE:OUNT NO:	_ ZIP:
		ACC	JUN1 NO:	
AMOUNT				
SECONDARY2 DEPOSITOR	Y #9997	SELECT ONE:	☐ Checking Account	☐ Savings Account
FINANCIAL INSTITUTION:				
CITY:			STATE:	ZIP:
ROUTING NO:		ACCO	OUNT NO:	
AMOUNT				
GEGOND A DAM DEDOGATION	V #0009	SELECT ONE:	☐ Checking Account	☐ Savings Account
<u>SECONDARY3 DEPOSITOR</u>	1 #9990	SELECT ONE.	Checking Account	Suvings recount
		SELECT ONE.	Checking Account	Suvings recount
FINANCIAL INSTITUTION:				
DOLITING NO.		A C C C		
FINANCIAL INSTITUTION: CITY:		A C C C	STATE:	
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT		ACC	STATE:OUNT NO:	ZIP:
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9		ACC	STATE:OUNT NO:	
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION:	999 SELECT	ACCO	STATE: OUNT NO: cking Account	ZIP:avings Account
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION: CITY: ROUTING NO:	999 SELECT	ONE: Che	STATE: OUNT NO: cking Account	ZIP:avings Account
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION: CITY: ROUTING NO:	999 SELECT	ONE: Che	STATE: OUNT NO: cking Account	ZIP:avings Account
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT100% NET	999 SELECT	ONE: Che	STATE: DUNT NO: cking Account	avings Account ZIP:
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION: CITY: ROUTING NO:	999 SELECT	ACCO	STATE: DUNT NO: cking Account	avings Account ZIP: ZIP: eccived written notification
FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT PRIMARY DEPOSITORY #9 FINANCIAL INSTITUTION: CITY: ROUTING NO: AMOUNT100% NET This authority is to remain in	999 SELECT	ACCO	STATE: DUNT NO: cking Account	avings Account ZIP: ecceived written notification reasonable opportunity to a

ATTACH A VOIDED CHECK, SAVINGS DEPOSIT STUB, BANK CARD. OR A LETTER FROM EACH BANK WITH ACCOUNT INFORMATION TO THE BOTTOM OF THIS FORM FOR VERIFICATION