

# Authorization for Direct Deposit

Name (signature) \_\_\_\_\_

DATE \_\_\_\_\_

This authorizes City of Pass Christian to deposit my wages directly into my bank account as follows:

Name of Bank \_\_\_\_\_ deposit total (or balance)   Checking  
 Saving  
Transit # \_\_\_\_\_ Account # \_\_\_\_\_

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Name of Bank \_\_\_\_\_ deposit \$ \_\_\_\_\_  Checking  
 Saving  
Transit # \_\_\_\_\_ Account # \_\_\_\_\_

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Name of Bank \_\_\_\_\_ deposit \$ \_\_\_\_\_  Checking  
 Saving  
Transit # \_\_\_\_\_ Account # \_\_\_\_\_