

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 # _____

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

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