## **CITY OF MALDEN**

## **DIRECT DEPOSIT AUTHORIZATION**

EMPLOYEE#:	MPLOYEE#: EMPLOYEE NAME (Last, First):			CHECK DATE:		
	l			<b>,</b>		
NET PAY DIRECT DEPOSIT (99)			☐ Add	Change	☐ Delete	
ABA Routing #		Account #	Account Type	☐ Checking	☐ Saving	
Bank Name:				For Net Only		
ADD	ITIONAL DIREC	CT DEPOSIT (01)	☐ Add	☐ Change	☐ Delete	
ABA Routing #	THO WAL DINLE	Account #	Account Type	☐ Checking	Saving	
Bank Name:				Amount to Depo	sit	
			I			
ADDITIONAL DIRECT DEPOSIT (02)			☐ Add	☐ Change	☐ Delete	
ABA Routing #		Account #	Account Type	☐ Checking	☐ Saving	
Bank Name:				Amount to Deposit		
CORRECT ERRONE REPLACES ANY PR	EOUS CREDIT EN REVIOUS AUTHO RITTEN NOTIFIC	N TO INITIATE CREDIT EN TRIES TO MY ACCOUNT( RIZATION AND WILL REM ATION FROM ME OF ITS DRTUNITY TO ACT.	s) listed above. I und Iain in full force and	ERSTAND THAT TO SEFFECT UNTIL TO	THIS AUTHORIZATION THE CITY OF MALDEN	
Print Name			Signature		Date	

ATTACH VOIDED CHECKS HERE