

Authorization For Direct Deposit Service

Name: _____

Address: _____

Phone #: _____

Email address: _____

I hereby authorize The City of Margate to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called “**DEPOSITORY**”, to credit and/or debit the same such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
ABA (Routing) Number (9 Digits)	

This authority is to remain in full force and effect until The City of Margate has received written notification from me of its termination in such time and in such manner as to afford The City of Margate and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
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Attach a blank voided check here: