

# CITY OF MOLALLA

CHECK ONE	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	CHANGE
<input type="checkbox"/>	DELETE

## ELECTRONIC DIRECT DEPOSIT AUTHORIZATION

NAME     
*Last First MI*

SS#      -

I hereby authorize the City of Molalla to make net payroll warrant deposits to my account(s) as indicated below:

FINANCIAL INSTITUTION: \_\_\_\_\_

Checking  Transit Routing Number:  % \_\_\_\_\_  
or  
Savings  Account Number:  Amt \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

Checking  Transit Routing Number:  % \_\_\_\_\_  
or  
Savings  Account Number:  Amt \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

Checking  Transit Routing Number:  % \_\_\_\_\_  
or  
Savings  Account Number:  Amt \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**  
*Used to verify your bank transit routing and account number*

*Your Signature Date*