



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Name: _____

Employee Number: _____

Manheim Township offers direct deposit as the method for payment. Please complete the direct deposit information for up to three (3) banks and sign below.

NEW ENROLLMENT

CHANGE OF BANK ACCOUNT INFORMATION

Financial Institution #1

Bank Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Per Pay: \$ _____ / _____ % / Full Net

Financial Institution #2

Bank Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Per Pay: \$ _____ / _____ % / Full Net

Financial Institution #3

Bank Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Per Pay: \$ _____ / _____ % / Full Net

I hereby authorize Manheim Township to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution(s) name below. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US law. This authorization is to remain in full force and effect until Manheim Township has received written notification from me of its termination in such time and such manner as to afford Manheim Township and the Financial Institution a reasonable opportunity to act upon it. Manheim Township may terminate the direct deposit by the designated financial institution. I understand Manheim Township assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to Manheim Township by the financial institution.

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED BLANK CHECK TO THIS FORM

If it is a savings account, please attach a bank verification of routing and account numbers