



City of Margate, Florida

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

To: HUMAN RESOURCES DEPARTMENT

From: _____
EMPLOYEE'S PRINTED NAME

AUTHORIZATION FOR FULL DEPOSIT

Please accept this memorandum as authorization for direct deposit of my City of Margate paycheck into my _____ savings _____ checking (circle one) _____ account at:

Name of Institution

See below sample check for location of these numbers

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TRANS/ABA NUMBER

ACCOUNT NUMBER

AUTHORIZATION FOR PARTIAL DEPOSIT

Please accept this memorandum as authorization for direct deposit of \$ _____ into my _____ savings _____ checking (circle one) _____ account at:

Name of Institution

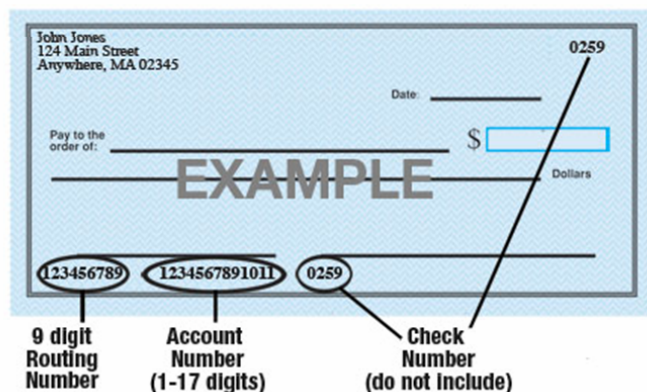
See below sample check for location of these numbers

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TRANS/ABA NUMBER

ACCOUNT NUMBER

Sample Check



9 digit
Routing
Number

Account
Number
(1-17 digits)

Check
Number
(do not include)

I understand that upon termination of employment with the City of Margate, my final regular pay and any subsequent pays will NOT be deposited directly into any account and will be issued as a live check.

I understand that a change in banks or account numbers may take up to 4 weeks for HR payroll, ADP and your bank to complete the change. In the interim, a live check may be generated.

Employee Signature

Date