

City of Margate, Florida

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

To: Human Resources Department

From: _____

Employees name printed

FULL DEPOSIT

Please accept this memorandum as authorization to directly deposit my City of Margate Paycheck into my **checking** **savings** **(circle one)** account at:

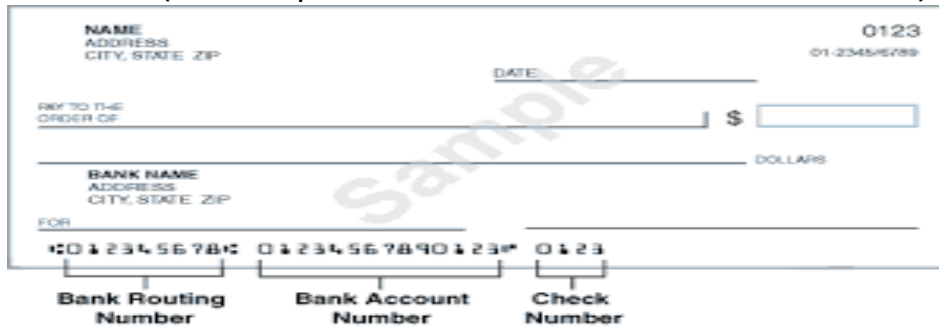
Name of Institution: _____

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Transit Number

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Account Number (See sample check below to locate these numbers)



You can make a direct deposit to a maximum of 3 accounts. Use reverse side of this form to list additional accounts

Please be sure to attach a blank check or deposit slip to this form.

I understand upon termination of employment with the city my final regular pay and subsequent pays will not be deposited directly into my account.

Employees Signature: _____

Date: _____

PARTIAL DEPOSIT

I further authorize \$_____ of my City of Margate paycheck to be deposited in my **checking** **savings** (circle one) account at:

Name of Institution:

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Transit Number

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Account Number

PARTIAL DEPOSIT

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Name of Institution:

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Transit Number

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Account Number