

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
Authorization Agreement for Direct Deposit of Payroll

I authorize the Finance Department/Payroll Section and the financial institution(s) listed below to electronically deposit my pay to the specified account each payday.

Please Print

Employee Name: _____

SS# or Employee ID#: _____

Department: _____

Contact Phone No.: _____

Bank Account Number	Bank Transit Routing Number	Amount / Net	Account Type
			Checking_____
			Savings_____

You may elect one checking and one savings account. The savings account should be one of the Metropolitan or School Credit Unions.

If monies to which I am not entitled are deposited in my account, I authorize the Finance Department/Payroll Section to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing or upon my termination of employment.

New enrollments will be processed as a pre-note. You will receive a check and a pre-note advice. Your direct deposit will start the 2nd pay day after hire.

Changes to your account will result in a pre-note. You will receive a check and a pre-note advice.

Upon termination of employment, final earnings will be issued in the form of a check and **will not be directly deposited** into the above listed account(s).

Employee Signature

Date

Tape a voided check here for the above account
(Please do not staple)

Entered by: _____ Date: _____