

**City of Hendersonville
Direct Deposit Authorization Form**

I. Employee Information

| | | | |
|-------------|------------|-------------|--|
| Name: | | SSNO: | |
| Department: | Hire Date: | Employee #: | |

II. Bank Information

| | | |
|---|------------------|-----------------|
| Name of Bank / Credit Union: | | |
| Address: _____ | | |
| _____ | | |
| City: _____ | State: <u>NC</u> | Zip Code: _____ |
| Instructions: Please check type of Account | Checking | Savings |
| Routing & Account #: | | |

III. Agreement

| | |
|---|-------------|
| I authorize the City of Hendersonville Finance Department to direct deposit my earnings into the account listed on this form. | |
| Signature: _____ | Date: _____ |

** Note: Attach a deposit slip to this form for verification of account number.