AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Information for employees:

The City and Borough of Wrangell provides and encourages the utilization of direct deposit of employee pay. Employees also have the option of splitting their direct deposits between two different accounts and/or financial institutions, i.e., employees may have a certain amount or a percentage direct-deposited to one account, and the remaining amount or percentage to another account. Employees who elect to split their direct deposits, please note, the parameters you authorize will apply in the same manner to any mid-month draws as to regular monthly pay.

For example, if an employee elects to deposit \$500 to one account, and any remaining pay to another account, the mid-month draw deposit will also send \$500 to the account designated, and the remaining amount, if any, to the other account. As another example, if an employee elects 50% to go to one account and 50% to another account, the mid-month draw will be split 50%/50%.

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City and Borough of Wrangell, EIN 92-6000144

I hereby authorize the City and Borough of Wrangell to initiate credit entries to my checking and/or savings account(s) at the depository financial institution as identified below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Dank #1:						
Depository Bank:			Depository Branch:			
City, State, Zip:			City, State, Zip:			
Routing Number:			Acco	ount Number		
Account Type:	Checking	Savings				
Bank #2 (if split is des	ired):					
Depository Bank:			Depos	itory Branch:		
City, State, Zip:	City, State, Zip:					
Routing Number: Account Number						
Account Type:	Checking	Savings				
Direct Deposit Split	Instructions:					
Percentage Split:			% to Bank #1		% to Bank #2	
or	_					
Fixed Amount Split:			to Bank #	Remaining amoun	t to Bank #	
notification from m	e of its termi	nation in such	n time and in such r	· -	rangell has received written he City and Borough of nity to act on it.	
Signature:			Date:			
Name:						

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.