City of Biddeford
Direct Deposit Authorization

I, _____, do hereby authorize the City of Biddeford to directly deposit my weekly payroll check in the following manner. (Check may be split into no more than three parts)

Signature: _____ Date: _____

Use this section for balance of net pay (primary account)

Amount: Automatically takes balance of net pay

Bank Name: _____Account Number: _____

Bank Routing Number: _____ Account Type: _____ checking_____ Savings

Use this section for additional distributions

Partial deposit #1

Amount: _____

Bank Name: _____Account Number: _____

Bank Routing Number: _____ Account Type: _____ checking_____ Savings

Partial deposit #2

Amount: _____

Bank Name: _____Account Number: _____

Bank Routing Number: _____ Account Type: _____ checking_____ Savings

Please attach voided check or deposit slip.

For Office Use Only:
Date Prepared: _____
Prepared By: _____
Date Entered: _____
Entered By: _____