



AUTHORIZATION FOR DIRECT DEPOSIT

Please fill out and return to the Department of Human Resources

I authorize the City of Edinburg and Lone Star National Bank to initiate electronic entries to my account(s) each pay day. By selecting direct deposit, I acknowledge that although pay day is on Friday, that my direct deposit might not be credited until the Monday following the pay day. By signing this form, I understand that the City of Edinburg and Lone Star National Bank will not be responsible for any Overdraft Fees or any other related fees charged by your bank due to the deposit being credited on the Monday following the pay day. This authorization will remain in effect until I have cancelled it in writing.

Please note: Direct deposit changes are limited to 3 times a year. If there is an emergency with your account, please notify the Department of Human Resources immediately. _____ Employee Initials

Effective Date: Any authorization for direct deposit submitted by the pay period ending date, will be direct deposit that following Friday, pay date.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
\$ _____ Fixed Amount	_____ % Percentage
_____ Financial Institution	
_____ Routing Number	
_____ Account Number	

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
\$ _____ Fixed Amount	_____ % Percentage
_____ Financial Institution	
_____ Routing Number	
_____ Account Number	

Reason for Change: _____

Employee Name (Print)

Employee #

Employee Signature

Date

REQUIRED:

FOR CHECKING ACCOUNT: PRE-ENCODED BANK DEPOSIT SLIP AND A VOID CHECK.

FOR SAVINGS ACCOUNT: ACH AUTHORIZATION FORM FROM YOUR BANK.