

**CITY OF EAST PROVIDENCE**  
**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

NAME:	SSN:	DEPT/DIV/SCHOOL:
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I hereby authorize the City of East Providence to make payment via Direct Deposit to the bank(s) indicated below, and authorize the bank(s) to credit such amounts to my:

TYPE OF ACCOUNT	ACCOUNT NUMBER	AMOUNT
<input type="checkbox"/> CHECKINGS		
<input type="checkbox"/> SAVINGS		

BANK OR SAVINGS	ASSOCIATION	ROUTING NUMBER
NAME:	ADDRESS:	
NAME:	ADDRESS:	

This authorization is to remain in full force and effective until the City has received written notification from me of its termination in such time and manner as to afford both City and bank a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

STAPLE YOUR VOIDED CHECK OR MICR-SPECIFICATION SHEET HERE