

City of Finlayson

PO Box 244 | 2217 Finland Ave Finlayson, MN 55735 (320) 233-6472 Ph (320) 281-0505 Fax finlayson.gov

IMPORTANT: Please read & sign before completing.

I hereby voluntarily authorize the City of Finlayson to deposit any amounts owed me, by initiating credit entries to my account(s) at the financial institutions(s) (hereinafter "bank") of my choice indicated on this form. Further, I authorize the bank to accept and to credit any credit entries indicated by the City of Finlayson to my account. To the extent permitted by law, in the event that the City of Finlayson deposits funds erroneously into my account(s), I authorize the City of Finlayson to debit my account for an amount not to exceed the original amount of the erroneous credit

To the extent permitted by law, I understand I have the right to refuse consent or revoke authorization of a direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until the City of Finlayson and the Bank have received written notice from me of its termination in such time and manner as to afford the City of Finlayson and the Bank reasonable opportunity to act on it.

SIGNATURE:	DATE:
	lease attach a voided check (not a deposit slip). If you don't have a check, ag number for your account.
1. BANK NAME:	
ROUTING NUMBER:	ACCOUNT NUMBER:
☐ Checking ☐ Savings	AMOUNT TO DEPOSIT: Full Net Amount or \$
2. BANK NAME:	
ROUTING NUMBER:	ACCOUNT NUMBER:
Checking Savings	AMOUNT TO DEPOSIT: Full Net Amount or \$
3. BANK NAME:	
ROUTING NUMBER:	ACCOUNT NUMBER:
Checking Savings	AMOUNT TO DEPOSIT: Full Net Amount or \$
	dates fall on every other Wednesday of the month, following the 14-day pay period. e received by the City Clerk prior to the Sunday before each pay date.
PAYROLL PROCESSING ONLY: DATE RECEIVED:	EFFECTIVE PAY DATE: PROCESSED BY: