

## **CITY OF MONTEBELLO**

## ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize the City of Montebello to initiate deposits (credits) and/or corrections to the previous credits to the financial institution(s) indicated. The financial institution(s) is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to the City of Montebello or upon termination of my employment.

Employee's Name (print)		Last 4	Last 4 of SSN or Employee ID #		
Zmprojoso z samo (prim)		2457	or sort or simpr	5) ee 15 %	
Employee's Signature			Date		_
DEPOSIT ACCOUNT(S) INFOR	<i>MATION</i>	~~~~~	~~~~~	~~~~~	~~~~~
Action: Start/Add	Cancel/Stop	Chang	ge in Amou	nt or %	
Name of Financial Institution	Routin	g Number	_	Accou	nt Number
Amount or Percentage	Type of Account: Checking		Savings		
action: Start/Add	Cancel/Stop	Chang	ge in Amou	nt or %	
Name of Financial Institution	Routin	g Number	_	Accou	nt Number
Amount or Percentage	Type of Account: Checking		Savings		
action: Start/Add	Cancel/Stop	Chang	e in Amou	nt or %	
Name of Financial Institution	Routin	g Number	_	Accou	nt Number
	Type of Account: Checking	П	Savings		

Important: For deposits to a checking account, please attach a VOIDED check to this form. When using percentages for multiple banks, it must equal 100%. To change bank accounts with the same bank, employees must cancel the old account and start/add the new account.