# CITY OF WINCHESTER
# DIRECT DEPOSIT AUTHORIZATION FORM

The City of Winchester is authorized to directly deposit my salary and to initiate debit entries and adjustments for any credit entries in error as instructed below. This authorization will remain in effect until the City receives written notification from me of its termination in such a time as to allow the City and the banking institution a reasonable time to act on it.

**Attach a voided check or copy for each checking account. Attach a voided deposit slip for each savings account.**
**THIS IS REQUIRED.**

(1) FINANCIAL INSTITUTION: _____
Type of Account: _____
$ Amount: _____ OR % Amount: _____

(2) FINANCIAL INSTITUTION: _____
Type of Account: _____
$ Amount: _____ OR % Amount: _____

(3) FINANCIAL INSTITUTION: _____
Type of Account: _____
$ Amount: _____ OR % Amount: _____

EMPLOYEE: _____

PHONE NUMBER: _____

_____ _____
Employee Signature Date