

AUTHORIZATION FOR DIRECT DEPOSIT (ACH CREDITS)

I, _____, authorize the CITY OF VENICE to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account (or accounts) as indicated below and the depository named below, to credit or debt the same to such account.

Cancel existing Direct Deposit on File _____ **YES or NO** _____ **Account #** _____
Account# _____

NEW ACCOUNT INFORMATION:

FINANCIAL INSTITUTION _____
BRANCH _____
CITY _____ **STATE** _____ **ZIP** _____

	CHECKING	SAVINGS	AMOUNT	%
TRANSIT/ABA NO. _____				
ACCOUNT NO. _____	_____	_____	_____	_____
TRANSIT/ABA NO. _____				
ACCOUNT NO. _____	_____	_____	_____	_____

The authority is to remain in full force and effect until the CITY OF VENICE has written notification from me of its termination in such manner as to afford the CITY OF VENICE and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE _____ **SIGNATURE** _____
S.S. # _____

(Voided check must be attached here)

