AUTHORIZATION AGREEMENT FOR AUTOMATED PAYROLL DEPOSITS (CREDITS)

I hereby authorize and request the City of Santa Fe to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK accept any credit entries initiated by City of Santa Fe to such account and to credit the same to such account without responsibility for the correctness thereof:

BANK NAME			DEPOSITOR'S ACCOUNT NO.				
It is understood that this agreement may be terminated by me at any time by writ notification to City of Santa Fe. Any such notification to City of Santa Fe shall effective only with respect to entries by City of Santa Fe after receipt of sunotification and a reasonable opportunity to act on it.				e AMOUNT IF APPLICABLE \$			
CUSTOMER NAME (PRINT)				☐ CHANGE ☐ CHANGE ☐ STOP AMOUNT ACCOUNT # BANK			
SOCIAL SECURITY#	DATE			SIGNATURE			
THIS	S SECTION TO	BE COMPLETE	D BY	THE CIT	Y OF SANTA FE		
EMPLOYEE#	☐ DDCHK	☐ DDSAV		DSVG	CITY OF SANTA FE I.D. NO.		
DEPT.#	☐ DDSV1	DDSV2		DDSV3	85-6000168		
Bank		BANKVERIFI	ICATI	ON			
Code	e Transit Routing Number				Account Number Information		
Transit		ABA					
THE ABOVE INFORMATION HAS BEEN VERIFIED	<			OFFICER'S SI	GNATURE		

NOTE: Please attach a copy of a voided check for all checking accounts and a voided deposit slip for all savings accounts.

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYROLL DEPOSITS (CREDITS)

I hereby authorize and request the City of Santa Fe to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK accept any credit entries initiated by City of Santa Fe to such account and to credit the same to such account without responsibility for the correctness thereof:

				FINO22.pmcF	
BANK NAME		D	EPOSITOR'S ACCOU	NT NO.	
It is understood that this agreemen notification to City of Santa Fe. An effective only with respect to ent notification and a reasonable opp	ny such notification t ries by City of Santa	all be AMOUNT IF APPLICABLE \$			
CUSTOMER NAME (PRINT)				☐ CHANGE ☐ CHANGE ☐ STOP AMOUNT ACCOUNT # BANK	
SOCIAL SECURITY#	DATE		SIGNATURE		
TH	IS SECTION TO	BE COMPLETE	D BY THE CIT	TY OF SANTA FE	
TH EMPLOYEE#	SECTION TO	BE COMPLETE	D BY THE CIT	TY OF SANTA FE CITY OF SANTA FE I.D. NO.	
EMPLOYEE#	☐ DDCHK	☐ DDSAV	□ DSVG	CITY OF SANTA FE I.D. NO.	
EMPLOYEE# DEPT.#	☐ DDCHK	□ DDSAV □ DDSV2 BANK VERIFI	□ DSVG	CITY OF SANTA FE I.D. NO.	
EMPLOYEE# DEPT.# Bank	□ DDCHK □ DDSV1	□ DDSAV □ DDSV2 BANK VERIFI	□ DSVG	CITY OF SANTA FE I.D. NO. 85-6000168	

NOTE: Please attach a copy of a voided check for all checking accounts and a voided deposit slip for all savings accounts.