



Payroll Credit Authorization Agreement

Drop off at City Hall or mail to:
City of Elkhorn, 9 S. Broad Street, Elkhorn WI 53121

I hereby authorize the City of Elkhorn and the financial institution named below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/saving account. This authorization will remain in effect until I notify the City and financial institution in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. **Note: Any change to the bank account information needs to be reported immediately to the payroll department.**

PAYROLL INFORMATION (Please print)

Name: _____

Address: _____

Phone: _____

NAME OF FINANCIAL INSTITUTION _____

CITY

STATE

ZIP CODE

Account Number: Checking # _____ or Savings # _____

Financial Institution Routing Number: _____
(between these symbols |: |:| on the bottom left of your check)

I prefer to receive my paystub via email to: _____

Employee Signature _____ Date _____

STAPLE VOIDED CHECK HERE

(Or copy of document from financial institution for account verification purposes)

Please note: This form will not be processed unless a voided check or other financial institution document showing full account number is provided.