

City of DeFuniak Springs

71 US Hwy. 90 W.
Post Office Box 685
DeFuniak Springs, FL 32435



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www.defuniaksprings.net

Direct Deposit Authorization

I, _____, hereby authorize the payroll clerk to electronically transmit the following amount(s) from my payroll check on a biweekly basis:

Bank Name: _____

Bank Address: _____

Routing Number: _____

1.) Type of Account (CK or SV): _____

Amount: _____

Account Number: _____

2.) Type of Account (CK or SV): _____

Amount: _____

Account Number: _____

I understand that I must submit a voided check for each bank I request the City of DeFuniak Springs to transmit funds electronically. I also understand that the electronic transfer will stay in effect until I change this election in writing or until my employment terminates.

Signature

Date