## CITY OF SAINT PAUL AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Employee:		Employee ID	):	Process Level:
I hereby authorize t	he City of Saint Paul to	initiate credit entrie	ve a bank account, select "Fo	in the amount(s) indicated below,
PRIMARY DEFAULT De	pository Name:			
Transit/Routir	ng No:		Account No:	
Check One:	Checking	Savings	Focus Payroll Card	
	00% will be deposited int unt is selected, the remain		LT account posited into the <b>PRIMAR</b>	AY DEFAULT account
2ND ACCT. De	pository Name:			
Transit/Routing No	:		Account No:	
Check One:	Checking	Savings	Focus Payroll Card	Amount <u>\$</u>
<b>3RD ACCT.</b> De	pository Name:			
Transit/Routing No	:		Account No:	
Check One:	Checking	Savings	Focus Payroll Card	Amount <u>\$</u>
<ul> <li>If you want you</li> </ul>	r entire net pay to be dep	posited into one accou	nt, complete <b>PRIMARY</b>	extremely section only.
	termined amount to be c deposited to your <b>PRIM</b>			<b>2ND</b> and <b>3RD</b> sections; the remaining
<ul> <li>Focus Card user</li> </ul>	rs will not have a routing	g or account number, s	simply check Focus Payr	oll Card and sign form.
I agree to allow the	City of Saint Paul to re	everse any entry error	neously credited to my	account or Focus Payroll Card.
This authority is to	remain in full force and	d effect until the City	of Saint Paul has received	ived written notification from me of its
termination in such	time and in such a man	nner as to afford the (	City of Saint Paul a reas	sonable opportunity to act on it.
Signature:				Date:

**REQUIRED:** Please attach a **VOIDED** check or a Verification of Account information from your financial institution.