

## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the City of Fort Wayne, hereafter called "company", to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entries in error to my account and the "Depository", to credit and/or debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ CITY \_\_\_\_\_

TRANSIT / ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

SAVINGS?\_\_\_CHECKING?\_\_\_WHOLE CHECK? \_\_\_FIXED AMOUNT? \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
(Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Instructions:

Please fill in the blanks above:

The depository name is the name of your bank, credit union, or other financial institution, where you desire your monies deposited.

Please include the city in which the institution is located.

The transit/ABA # is the first nine digit number found on the bottom left-hand side of your checks or deposit sheets.

The account number is the next series of numbers found at the bottom of the check.

Print your name and social security number.

Sign and date this document.

Mail this document and a voided check from your account to:

**Ronald Buskirk**  
**3210 North Washington Road**  
**Fort Wayne, IN 46802**