

CITY OF HAWTHORNE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Requests to set up accounts for the first time will take effect on the 2nd payday after receipt of the form.
For checking accounts, please include a copy of your check marked "VOID" for account number verification.

Last Name	First	MI	Social Security Number
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AUTHORIZATION #1 PRIMARY ACCOUNT

Others: _____
 Transit/Routing Number Financial Institution Account Number

Please check appropriate box in each section:

- | | | |
|---|---|---|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> New | <input type="checkbox"/> Net payroll earnings |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Change | _____ |
| <input type="checkbox"/> Others | <input type="checkbox"/> Cancel | Amount |
| | <input type="checkbox"/> Replace Acct # _____ | |
| | (to be cancelled) | |

- ☐ I hereby authorize you to directly deposit my payroll earnings to the account as indicated above.
- ☐ I hereby request you to cancel the direct deposit as indicated above.

Authorized Signature

Date

AUTHORIZATION #2 SECONDARY ACCOUNT

Hughes Credit Union: 3222-78073

Others: _____
 Transit/Routing Number Financial Institution Account Number

Please check appropriate box in each section:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> New | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Change | Fixed Amount |
| <input type="checkbox"/> Others | <input type="checkbox"/> Cancel | |
| | <input type="checkbox"/> Replace Acct # _____ | |
| | (to be cancelled) | |

- ☐ I hereby authorize you to direct deposit my payroll earnings to the account as indicated above.
- ☐ I hereby request you to cancel the direct deposit as indicated above.

Authorized Signature

Date