

Village of Bloomingdale
Payroll Direct Deposit Program
Application Form

Please PRINT Everything as NEATLY as Possible

Employee Information:

Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

Financial Institution (Bank) Information

Bank Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

1. Financial Institution Transit Routing (ABA) Number (Must be 9 digits):

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2. Your Account Number:

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3. Which type of Account is this? Checking Account Savings Account

4. Do you want your net check deposited to this account? Yes No

5. If the answer is no, what amount would you like to have deposited to this account? \$ _____
You may use multiple forms if you would like your check distributed among multiple accounts

6. Email Address to which you would like your check stub sent:

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Terms of Application:

By signing this application, I authorize the Village of Bloomingdale (the "Village") to initiate credit entries (deposits) to the checking/savings account at the institution as indicated above and to deposit to the same account as instructed. Further, I authorize the Village to initiate debit entries (withdrawals) to the checking/savings account at the institution as indicated above for the sole purpose of correcting the exact amount of any error identified in the processing of a credit (deposit) entry and to withdraw from the same account an exact amount to correct said error. Said debit entry will be made only after the Village has given advanced notice to the Employee noted above that a debit entry will be made.

The authority agreed to herein is to remain in full force and effect until the Village receives written notification from the Employee noted above revoking said authority in such time and in such manner as to afford the Village and the related institution a reasonable opportunity to act on said revocation.

**Employee
Signature:** _____

Date: _____