

**City of Hendersonville**  
**Direct Deposit Authorization Form**

**I. Employee Information**

Name:		SSNO:	
Department:	Hire Date:	Employee #:	

**II. Bank Information**

Name of Bank / Credit Union:		
Address: _____		
_____		
City: _____	State: <u>NC</u>	Zip Code: _____
<b>Instructions:</b> Please check type of Account	Checking	Savings
Routing & Account #:		

**III. Agreement**

I authorize the City of Hendersonville Finance Department to direct deposit my earnings into the account listed on this form.	
Signature: _____	Date: _____

\*\* Note: Attach a voided check or banking institution statement with routing and account number to this form for verification.