

Employee Signature

## **CITY OF ROUND ROCK**

## **Employee Direct Deposit Authorization Agreement**

(to be used for reimbursements other than payroll)

| This form may be used by employees to receive payments for per diem, travel and other reimbursements (other than payroll) from the City of Round Rock by Direct Deposit.  ***********************************                    |                  |
|--|------------------|
|  |                  |
| If submitted electronically, please email to: _apteam@roundrocktexas.gov   |                  |
| PLEASE CHECK ONE:  | ADD ACCOUNT      |
|  | CHANGE ACCOUNT   |
| BANK NAME:   |                  |
| IMPORTANT: YOUR DIRECT DEPOSIT ROUTING NUMBER may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your DIRECT DEPOSIT ROUTING NUMBER. |                  |
| DIRECT DEPOSIT ROUTING NUMBER:   | ,————            |
| ACCOUNT NUMBER:  |                  |
| TYPE OF ACCOUNT:   | CHECKING SAVINGS |
| AUTHORIZATION FOR SETUP: I authorize the City of Round Rock to deposit my payments to my financial institution electronically. I understand that the City of Round Rock will reverse any payments made to my account in error.   |                  |
| Printed Employee Name  | Employee Number  |

Date