

City of Harrodsburg  
Direct Deposit Authorization Form

I, \_\_\_\_\_ hereby give the City of Harrodsburg the authorization to deposit my payroll check directly into the following account beginning \_\_\_\_\_.

Name of Banking Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ and/or Savings Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Must attach a copy of a check or a voided check