



CITY OF TEXARKANA, ARKANSAS
DEPARTMENT OF FINANCE
P.O. Box 2711 - Texarkana, Arkansas 75504
Phone (870) 779-4989 - Fax (870) 772-8182

DIRECT DEPOSIT AGREEMENT FORM:

AUTHORIZATION AGREEMENT

I hereby authorize the City Of Texarkana Arkansas to initiate automatic deposits to my account at the financial institution named below. I also authorize the City of Texarkana Arkansas to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the City of Texarkana Arkansas responsible for any delay or loss of funds due to an error on the part of my financial institution in depositing funds to my account.

This Agreement will remain in effect until the City of Texarkana Arkansas receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

City and State: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Flat Amount: _____ or Percentage: _____

SIGNATURE

Authorized Signature: _____ Date: _____

Printed Name: _____

Please attach a voided check and return this form to the Payroll Department.