

CITY OF
H U D S O N



121 N Church Street
Hudson, MI 49247
Phone (517) 448-8983
Fax (517) 448-7339

AUTHORIZATION FOR PAYROLL TO BE DIRECT DEPOSITED

Effective as of: ____/____/____

I, _____, hereby authorize the City of Hudson Payroll Department to direct deposit my payroll check each pay period.

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Type of Account: _____ Checking or _____ Savings

Unless directed otherwise, I understand that my entire payroll check will be direct deposited into the account listed above.

Employee Signature: _____

Today's Date: ____/____/____