

City of Madison Direct Deposit Authorization Agreement

I hereby authorize the City of Madison to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below to credit and debit the same entries to such account(s).

ACCOUNT NUMBER 1: _____
 TRANSIT NUMBER: _____
 FINANCIAL INSTITUTION: _____
 AMOUNT: NET CHECK OR REMAINDER CHECKING _____ SAVINGS _____

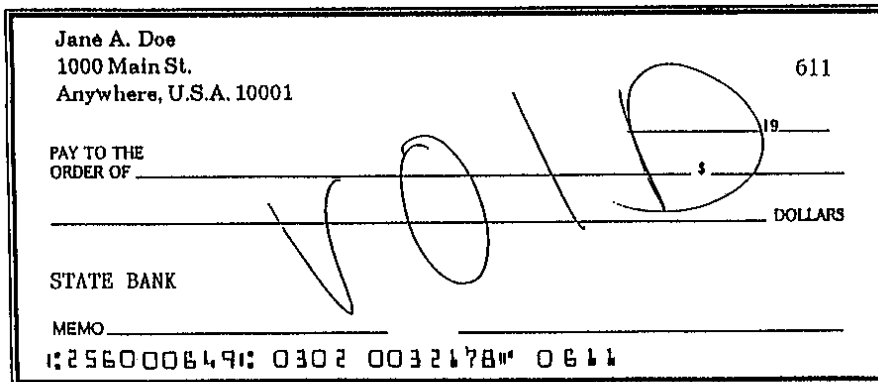
ACCOUNT NUMBER 2: _____
 TRANSIT NUMBER: _____
 FINANCIAL INSTITUTION: _____
 AMOUNT: \$ _____ CHECKING _____ SAVINGS _____

ACCOUNT NUMBER 3: _____
 TRANSIT NUMBER: _____
 FINANCIAL INSTITUTION: _____
 AMOUNT: \$ _____ CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect until the City of Madison Payroll Office has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act on it. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

NAME: _____
 SOCIAL SECURITY NUMBER: _____
 SIGNATURE: _____ DATE: _____

NOTE: Attach a voided blank check or savings account deposit slip below for each account to validate account information.



Transit No. Account No. Check No.