

Village of Mount Prospect
Mount Prospect, Illinois



AUTHORIZATION FOR DIRECT DEPOSIT

Please complete all fields for each Depository/Bank chosen.

PRIMARY ACCOUNT

Bank Name _____ City _____

Checking _____ or Savings _____ State _____

* Transit/ABA _____ Account # _____

Amount to be deposited (total check, OR remaining balance) _____ **Balance of Net Pay** _____

SECONDARY ACCOUNT (if necessary – not required)

Bank Name _____ City _____

Checking _____ or Savings _____ State _____

* Transit/ABA _____ Account # _____

Amount to be deposited (indicate dollar amount only) _____

ADDITIONAL ACCOUNT (if necessary – not required)

Bank Name _____ City _____

Checking _____ or Savings _____ State _____

* Transit/ABA _____ Account # _____

Amount to be deposited (indicate dollar amount only) _____

A COPY OF A VOIDED CHECK MUST ACCOMPANY THIS FORM.

* This 9 digit number can be found on your checks. You can also call your bank for this information.

I hereby authorize the Village of Mount Prospect to initiate credit entries to the account(s) listed above. This authority is to remain in full force and effect until the Village has received written notification from me of its termination in such a manner as to afford the Village and Depository a reasonable opportunity to act on said changes.

Name (Print) _____

Signed _____ Date _____