

**CITY OF SAFFORD
DIRECT DEPOSIT FORM**

SEND COMPLETED FORM TO:

**City of Safford
Attention: Finance Department
PO Box 272
Safford, AZ 85548
Fax: (928)348-3114
Phone: (928)432-4033**

SECTION 1 - Direct Deposit Request

New Authorization Request _____ (X)
Change Existing Authorization _____ (X)

SECTION 2 - Vendor/ Individual Information

SS# or EIN _____ Daytime Phone Number _____
Vendor/Individual Name _____
Mailing Address _____ **Email (mandatory)** _____
City _____ State _____ ZIP _____

SECTION 3 - Bank Information

Deposit Directly into my:
Checking Account _____ (X) Savings Account _____ (X) Reloadable Debit Card _____ (X) ***Check only one option
Banking Institution _____
Routing # _____ Account # _____

PLEASE ATTACH A VOIDED CHECK OR BANK AUTHORIZATION FORM

SECTION 4 - Authorization and Signature

* By my signature below, I hereby authorize the City of Safford to deposit funds into the account located at the financial institution listed above until further notification.

* By my signature below, I authorize the City of Safford and this bank to debit my account for the purpose of error corrections.

Vendor/Individual or Authorized Legal Representative _____
Date _____

SECTION 5 - For Office Use Only

Authorize Receipt of Form _____ Date received _____
Date Direct Deposit Transaction will begin _____