

CITY OF MISHAWAKA
DIRECT DEPOSIT AUTHORIZATION FORM

(Please Print)

Name: _____ Social Security # _____

Department: _____

I hereby authorize the City of Mishawaka to send my net pay to:

Change Name of Financial Institution to: _____

Change My Account Number to: _____

This Account is (circle one) Checking Savings

***Please attach a voided check.**

I understand that I will continue to receive a summary showing all my deductions.

Signature: _____

Date: _____ Requested effective date: _____