

AUTHORIZATION FOR ELECTRONIC PAYMENT SERVICE**CITY OF PHILADELPHIA**

1. INITIAL AUTHORIZATION	CHANGE OF FINANCIAL INSTITUTION	CHANGE OF ACCOUNT NUMBER	
2. NAME OF FINANCIAL INSTITUTION			3. FINANCIAL INSTITUTION ROUTING NUMBER
4. MAILING ADDRESS			CITY STATE ZIP
5. EMPLOYEE NAME			6. TYPE OF ACCOUNT CHECKING SAVINGS
7. DEPARTMENT NAME AND NUMBER	8. PAYROLL NUMBER	9. SOCIAL SECURITY NUMBER	10. ACCOUNT NUMBER
<p>I authorize the City of Philadelphia, hereafter referred to as EMPLOYER, to deposit my periodic pay into my account identified as and held at the FINANCIAL INSTITUTION named above, and I authorize that such account exists and that the FINANCIAL INSTITUTION can make deposits without responsibility for correctness of such amounts.</p> <p>My authorization will remain in effect until I give a written notice to terminate this authorization to my EMPLOYER in sufficient time and manner as to allow my EMPLOYER to act upon it. In addition, either my EMPLOYER or the FINANCIAL INSTITUTION can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.</p> <p>I have provided my EMPLOYER with a copy of a voided check or deposit slip solely for the purpose of verifying my account number and the Financial Institution's routing number.</p>			
EMPLOYER TAX IDENTIFICATION 23-6003047	11. DATE	12. EMPLOYEE'S SIGNATURE	