



**TOWN OF SURFSIDE FLORIDA**  
**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**  
**(To be completed by Employee)**

I hereby authorize and request the Town of Surfside (hereinafter called the "Town") to directly deposit my bi-weekly pay into the account and financial institution indicated below. Such direct deposit will be made on or before each scheduled pay date, unless I choose to terminate this agreement in writing to the Town. If I decide to change the amount and/or financial institution where my bi-weekly pay is being directly deposited, I will notify the Town in writing and sign a form provided by the Town. Any such notification of termination or change to the Town shall become effective at the earliest time the Town is able to implement it.

In the event that the Town erroneously deposits such funds into my account, I authorize the Town to debit my account for an amount not to exceed the original amount of the erroneous credit. I authorize depository bank to refund to the Town any deposits by the Town to which I am not entitled and to debit my account in the amount of any deposits by the Town to which I am not entitled. I agree to notify the Town and the depository bank as soon as possible, but no later than within 14 days, after becoming aware of any error in the direct deposit of funds.

It is expressly understood and agreed that the Town is performing the above service as a convenience to the undersigned. I agree to indemnify and hold forever harmless the Town from any claims, lawsuits, losses and damages, including attorney's fees and costs at the trial and all appellate levels, arising in connection with the Town's direct deposit or monies, except in the case of bad faith on the part of the Town.

The authorization agreement shall be governed by and construed in accordance with the laws of the State of Florida. Any arbitration and/or litigation arising in connection with this authorization agreement shall be brought exclusively in Miami-Dade County, Florida.

Name of Bank/Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Credit to Checking Account #: \_\_\_\_\_

Or

Savings Account #: \_\_\_\_\_

Employee Name (printed): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_