

**Please be advised that bank documentation for all transactions MUST accompany EVERY direct deposit form in order to be processed!**

**PLAQUEMINES PARISH GOVERNMENT  
PAYROLL CREDIT/DEBIT AUTHORIZATION FORM**

I hereby authorize, Plaquemines Parish Government to initiate entries to my checking and/or my savings account(s) at the financial institution(s) listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Plaquemines Parish Government is notified by me in writing to cancel it in such time as to afford Plaquemines Parish Government and the financial institution(s) a reasonable opportunity to act on it.

Name: (Please Print) \_\_\_\_\_  
(Last) (First) (Middle)

Address: (Please Print) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**First Transaction**

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____ Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)

**Second Transaction**

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____ Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)

**Third Transaction**

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____ Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)

**Please be advised that bank documentation for all transactions MUST accompany EVERY direct deposit form in order to be processed!**

Fourth Transaction

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____  Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)

Fifth Transaction

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____  Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)

Sixth Transaction

_____ (Name of Financial Institution)	
_____ (Address of Financial Intuition – Branch, City, State & Zip)	
Set Amount: \$ _____ ____ Balance of Check ____ Checking or ____ Savings	Account Number: _____  Routing Number: _____ (Listed on the bottom of check)
_____ (Signature)	_____ (Date)