



SAFE

DEPENDABLE

Direct Deposit Enrollment Request Form
Authorization Agreement for Automatic Deposits

Paper Direct Deposit Instructions: Use to Start, Add, Delete, or Stop

- 1. Complete this form in full.
2. Attach a voided check or document from your financial institution that contains the following information pre-printed on the document:
(a) Name of financial institution (b) Account holder(s) name (c) Account # (d) Routing #
Temporary checks or deposit slips will not be accepted.
3. Allow 30 days to start or for changes to take effect.
4. On payday, you will receive information on an Advice Form. This is your pay record.

START [] CHANGE [] STOP []

LAST NAME FIRST NAME MIDDLE INITIAL

LAST FOUR DIGITS OF SSN

*PHONE NUMBER with Area Code

Circle One: CELL HOME

*Agreement: By providing a phone number, I authorize the above change of phone number to be made effective the date of this form.

[Bank1] EMPLOYEE ID#

Routing #

Account #

Bank Name

Checking [] Savings [] Amount (Primary Account) \$Balance

Note: Primary account is where all remaining pay will be deposited after specific amounts are entered in any additional accounts. Out of state banks are permitted.

[Bank 2] Routing #

Account #

Bank Name

Checking [] Savings [] Amount: \$

Mail or hand deliver original form to the Pension Office at the address listed below.
NOTE: Mailed in forms must have signature notarized.

Agreement: I authorize the City to initiate corrections for credit entries made in error.

Signature

Date

NOTE: Only forms mailed to Pension Office must have signature notarized.

STATE OF COUNTY OF

Before me, a Notary Public, on this day personally appeared, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary

Commission Expires

Revised 08-08-2016