DIRECT DEPOSIT AUTHORIZATION FORM

_____ _____-_____-_____

Employee Name Social Security Number

☐ Initial Enrollment ☐ Cancellation ☐ Change Amount

☐ Change Account ☐ Change Financial Institution/Bank ☐ Additional Deposit

I authorize the City of Duluth to direct deposit my payroll check to my account(s) as indicated below:

1. Financial Institution _____

☐ Checking ☐ Savings Include in Separate Checks? ☐ Yes ☐ No

Include in Accounts Payable Payments? ☐ Yes ☐ No

Bank Routing Number __ __ __ __ __ __ __ __ __ Account # _____

☐ Net Amount **OR** ☐ Bi-Weekly Amount $ _____

2. Financial Institution _____

☐ Checking ☐ Savings Include in Separate Checks? ☐ Yes ☐ No

Bank Routing Number __ __ __ __ __ __ __ __ __ Account # _____

☐ Net Amount **OR** ☐ Bi-Weekly Amount $ _____

3. Financial Institution _____

☐ Checking ☐ Savings Include in Separate Checks? ☐ Yes ☐ No

Bank Routing Number __ __ __ __ __ __ __ __ __ Account # _____

☐ Net Amount **OR** ☐ Bi-Weekly Amount $ _____

I also authorize the City of Duluth to make adjustments to the above account to correct any credit entries made in error. I further understand that direct deposit will begin immediately, and I have verified my account information thoroughly. This authorization can be cancelled in writing before the end of the pay period.

_____

Employee Signature Date

FOR OFFICE USE ONLY:

_____

Human Resources Signature Date

☐ Sent to Accounts Payable

Mark VOID on a blank check and attach here.

*If we do not receive a voided check or bank letter to verify your account, it will be set-up to Pre-Note to verify your bank account and then the direct deposit will go through on the following payroll.

Revised 10/16/2019