



Employee Direct Deposit Authorization

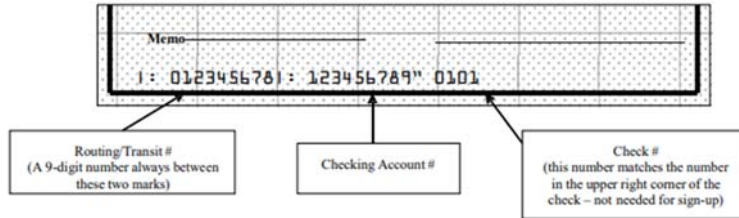
All boxes must be completed to start or change direct deposit. Use this form to start, change or stop direct deposit for payroll.

1. This form must be completed IN ITS ENTIRETY in order to be processed.
2. This form must be submitted to Human Resources, allow up to 10 business days for processing.

(No electronic requests to establish direct deposit or make changes will be accepted).

TYPE OF REQUEST: (Select one)

- New Authorization *(will take at least two pay periods to allow for pre-note process)*
- Delete Authorization *(will receive a paper check)*
- Change Bank or Account Information *(you will receive a payroll check until the new account is established)*
- Update Deposit information ONLY



Above is a sample check detailing where the information necessary to complete this form can be found.

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name: _____

Routing #: _____ Account #: _____

Checking Savings I wish to deposit: \$ _____ or _____ % or Full Net Amount

2. Bank Name: _____

Routing #: _____ Account #: _____

Checking Savings I wish to deposit: \$ _____ or _____ % or Full Net Amount

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize the City of Traverse City to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by City of Traverse City to my account. In the even that City of Traverse City deposits funds erroneously into my account; I authorize City of Traverse City to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until City of Traverse City and Bank have received written notice from me of its termination in such time and in such manner as to afford City of Traverse City and Bank reasonable opportunity to act on it.

Employee Name: _____ Date: _____

Employee Signature: _____ Email for pay stubs: _____

ATTENTION: Keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.