



AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

Print Name: Last First Middle Social Security No. Department

Complete and sign this form. Attach voided check(s) and/or deposit slip(s). New accounts set up will be pre-noted and new accounts set up by employees with existing direct deposit information will also be pre-noted. This pre-note period may result in a paper check for the first pay period.

CHECK APPLICABLE BOX:
___ New Enrollment
___ Change of Account or Account(s)
___ Cancel participation - sign form

An employee may indicate direct deposit into more than one account. Please supply the designated deposit amount for each account.

Account #1
Institution Name ___ Bank ___ Credit Union ___ Savings & Loan
Institution Address ___ Routing No. ___
Type of Account ___ Checking ___ Savings
Account Number: ___ \$ ___ Amount

Note: If an amount is designated for deposit to a second or third account(s), the balance will be deposited to this account.

Account #2
Institution Name ___ Bank ___ Credit Union ___ Savings & Loan
Institution Address ___ Routing No. ___
Type of Account ___ Checking ___ Savings
Account Number: ___ \$ ___ Amount

Account #3
Institution Name ___ Bank ___ Credit Union ___ Savings & Loan
Institution Address ___ Routing No. ___
Type of Account ___ Checking ___ Savings
Account Number: ___ \$ ___ Amount

AUTHORIZATION STATEMENT
I hereby authorize The City of Pittsburg to deposit my net pay amount to my checking and/or savings account(s) at the financial institution(s) named on the preceding page. I agree that if any funds are deposited in error to my account by the City of Pittsburg that the City of Pittsburg, after notifying me of the error, may recover directly from my account those funds deposited in error. This authority will remain in effect until I have signed a new authorization. I understand that any change or cancellation must be received by the Human Resources Department at least one pay period prior to the effective pay period.

Employee Signature Date