

City of Flagstaff

Payroll Direct Deposit Authorization Form

			(Please Type or Print)				
Last 4 of Soc. Sec. #	mployee Name (Last Name, F	irst Name)					
NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date*. We suggest leaving your old account open until deposit to your new account has occurred.							
Complete the account designation boxes including routing and account numbers, and attach the following required documentation (direct deposit will not begin until apropriate documentation is received) Checking Account: Attach a voided check, or bank direct deposit form* Savings Account: Attach documentation from financial institution*							
 □ New Employee Set-up □ Continuing Employee Change (i.e. change account #, Change financial institution, change percentage of net pay or \$ amounts, drop or add financial institution) □ Cancel Direct Deposit on the payday of (Select banks to stop below) 							
IMPORTANT: Enter <u>all</u> financial institutions to which you are depositing funds, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.							
Account #1 Bank Name:	Checking	Savings	Cancel				
Bank Address:							
Routing# (9 digits)	Account #						
Requested amount for this ac	count: (select one)						
□ % Net Pay	☐ Specific \$ Amou	nt	☐ Entire Balance				
Account #2 Bank Name:	Checking	Savings	Cancel				
Bank Address:							
Routing# (9 digits)	Account #						
Requested amount for this ac	,		E December 2				
☐ % Net Pay			☐ Remaining Balance				
Account #3 Bank Name:	Checking	Savings	Cancel				
Bank Address:							
Routing# (9 digits)	Account #						
Requested amount for this account: (select one)							
	☐ Remaining Bala	ance					
Authorization Agreement: I directly into the account(s) nan that I am terminating it, or until understand that I must give advincorrect deposit should be mad the appropriate adjustment(s).	ned above. This authority will my employer has notified me to ance notice to allow reasonab	remain in force un hat this deposit servile time for my instru	til I have given written notice rice has been discontinued. I actions to be executed. If an				

Employee Signature: _____ Date: ____