

CITY OF TALLAHASSEE DIRECT DEPOSIT AUTHORIZATION

(PLEASE TYPE, PRINT, OR COMPLETE ON-LINE)

Remember: Use one form per financial institution, attaching additional sheets as necessary. The limit is four.

NAME: _____

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ Zip Code: _____

DEPARTMENT NUMBER: _____ Employee (RETIREE) NUMBER: _____

DIRECT DEPOSIT ACTION REQUESTED: (check one)

- START** action will go into effect upon receipt by payrollafter one complete payroll
- CHANGE** action will go into effect upon receipt by payrollimmediately
- STOP** action will go into effect upon receipt by payrollimmediately

Please note that these time frames are approximated depending on the validity of the information.

PAYMENT TYPE OR AMOUNT TO BE DEPOSITED: (check one)

(Percent can only be used if you have direct deposits to more than one financial institution.)

(Amount can only be used if you have direct deposits to more than one financial institution.)

- Net Pay**
- % of Net Pay** _____
- Amount** _____

ACCOUNT TYPE: (check one) **CHECKING** ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER: _____

Important: Be sure to check with your financial institution for the correct transit routing number:

TRANSIT ROUTING NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

BRANCH NAME: _____ TELEPHONE NUMBER: _____

NAME OF FINANCIAL REPRESENTATIVE: _____

(Name of the person you spoke to at the bank.)

I hereby authorize and request the City of Tallahassee to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution named above. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination. It is the employees responsibility to verify deposit before writing checks on their accounts.

SIGNATURE: _____ **DATE:** _____