

CITY OF NORTH PLAINS

PAYCHECK DIRECT DEPOSIT AUTHORIZATION FORM

Submit the completed form to the Finance Director. Note: It will take at least one pay period for the direct deposit enrollment to change to become effective.

Full Name: _____ Social Security: _____

Direct Deposit Enrollment/change Authorization
(To make a change, please restate the entire direct deposit authorization.)

I authorize the City of North Plains to initiate automatic deposits to my account(s) each pay period and/or payroll advance (and to correct any amounts deposited in error). I understand that this authorization will remain in effect until revoked by me in writing. This authorization bears my signature and is dated.

REGULAR PAYCHECK (Last day of the Month) (Limited to 3 accounts)

Account Type C = checking = savings S	Name of Bank	Account Number	Amount
1			
2			
3			

DRAW CHECK (15th OF MONTH) (Limited to 1 checking account)

Account Type C = checking (Only)	Name of Bank	Account Number	Amount
Checking Only			

FOR EACH ACCOUNT YOU HAVE AUTHORIZED FOR DIRECT DEPOSIT:

Attach a voided check for each checking and credit union account; and attach a voided deposit slip for each savings account. If you do not have a check or deposit slip for your account, you must provide your financial institution's name, address, phone number, 9-digit routing number, and your account number.

Signature _____
Date Signed _____
Phone

Direct Deposit Cancellation:

I cancel my authorization to have my net pay directly deposited, effective: ____/____/____

Signature _____
Date Signed