



DIRECT DEPOSIT FORM

Employee Name _____ Employee Number _____

Department _____ Position _____

NOTE: Direct deposit requires one full pay cycle before your account will be credited as shown below.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM FOR EACH ACCOUNT

Add Account	<input type="checkbox"/>	Remove Account	<input type="checkbox"/>	Change Account	<input type="checkbox"/>				
Name of Financial Institution:	_____								
Transit/Routing (ABA) #:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount to be direct deposited:	\$ _____	OR	Entire paycheck	<input type="checkbox"/>					
Account #:	_____								
Savings Account?	<input type="checkbox"/>	OR	Checking Account?	<input type="checkbox"/>					

Add Account	<input type="checkbox"/>	Remove Account	<input type="checkbox"/>	Change Account	<input type="checkbox"/>				
Name of Financial Institution:	_____								
Transit/Routing (ABA) #:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount to be direct deposited:	\$ _____	OR	Entire paycheck	<input type="checkbox"/>					
Account #:	_____								
Savings Account?	<input type="checkbox"/>	OR	Checking Account?	<input type="checkbox"/>					

Distribution of any remaining dollars: _____

My signature below serves as authorization for the City of Edmonds to initiate automatic deposits to my account(s) at the financial institution(s) named above. I also authorize the City of Edmonds to make withdrawals from my account(s) in the event that a credit entry is made in error. Further, I agree not to hold the City of Edmonds responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

This authority is to remain in effect until the City receives written notification from me of its termination.

Signature: _____ Date: _____