



**CITY OF BAKERSFIELD
ELECTRONIC DEPOSIT AUTHORIZATION
PERMANENT EMPLOYEES ONLY**

| | |
|--------|--|
| Start | |
| Change | |
| Cancel | |

Checking/Sharedraft

Savings

Is current Bank Account still open? Yes ___ No ___

I hereby authorize the City of Bakersfield to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to the City of Bakersfield, or, in the case of payroll deposits, upon termination of my employment with the City of Bakersfield.

Individual's Signature

Date

Individual's Name

Social Security Number

Employee Number

Address

New Account Information:

Financial Institution (Bank, Savings and Loan, Credit Union)

City

State

Account

IMPORTANT:

For deposits to a checking or sharedraft account, please attach a voided check to this form.

