

**Financial Services Department**  
**Payroll Division**  
**Direct Deposit Authorization Form**

New sign-up ☒

Revision ☒

Cancellation ☐

Employee Number \_\_\_\_\_

Section Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Contact number \_\_\_\_\_

\*\*\*Please include a voided check for each Financial Institution\*\*\*

1

**Primary Financial Institution**

Account Type: checking or savings

Bank Name:

Routing/Transit #:

Account Number:

**Choose one option only for each Financial Institution:**

Amount: specific dollar amount or net

Percentage: not to exceed 100%

2

**Additional Financial Institution**

Account Type: checking or savings

Bank Name:

Routing/Transit #:

Account Number:

**Choose one option only for each Financial Institution:**

Amount: specific dollar amount or net

Percentage: not to exceed 100%

3

**Additional Financial Institution**

Account Type: checking or savings

Bank Name:

Routing/Transit #:

Account Number:

**Choose one option only for each Financial Institution:**

Amount: specific dollar amount or net

Percentage: not to exceed 100%

I will not hold the City of Burbank responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution, or for failure of my financial institution to correctly credit my account. I understand that an unforeseen delay in processing by an outside entity (Automated Clearing House or Financial Institution) due to computer downtime, power outage, or other unavoidable occurrence might affect the date of deposit of funds to my account. This Authorization form is to remain in full force and effect until the City of Burbank has received written notification from me of its termination.

Signature \_\_\_\_\_

Date \_\_\_\_\_