



425 N. El Dorado Street
 Stockton, Ca 95202-1997
 Finance Department, Payroll

PAYROLL DIRECT DEPOSIT AUTHORIZATION AND/OR CANCELLATION FORM

As a courtesy, the City of Stockton offers the option of splitting your Direct Deposit between two (2) bank accounts and Financial Center Credit Union only as a 3rd account. This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the City. Employees must attach a voided check for each checking account to help verify their account numbers and bank routing numbers – not a deposit slip. If depositing to a saving account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on the saving deposit slip. This will help ensure that you are paid correctly.

Check Service Requested () New () Change () Cancel	If canceling, do not close your bank account until cancellation is implemented by the City. Also you will begin receiving paper checks after this revocation is processed.
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Employee Name: _____ Employee's Social Security Number: _____

COMPLETE TO ENROLL/ADD/CHANGE BANK ACCOUNTS - PLEASE PRINT IN BLACK/BLUE INK ONLY

Account 1

Account 1 Type: () Checking () Saving Financial Institution Name: _____
 Bank routing number : _____ Bank account number: _____
 I wish to deposit : Specific Dollar Amount: \$ _____ or _____ % of Net or () Remainder of Net Pay

Account 2

Account 2 Type: () Checking () Saving Financial Institution Name: _____
 Bank routing number : _____ Bank account number: _____
 I wish to deposit : Specific Dollar Amount: \$ _____ or _____ % of Net or () Remainder of Net Pay

Account 3 - Financial Center Credit Union

Account 3 Type: () Checking () Saving Financial Institution Name: Financial Center Credit Union
 Bank routing number : 321177803 Bank account number: _____
 I wish to deposit : Specific Dollar Amount: \$ _____ or _____ % of Net or () Remainder of Net Pay

For deposit to a checking account, staple a blank, voided check here.

For deposit to a saving account, attach the saving institution letter to the back of this form.

I hereby authorize the City of Stockton to initiate, as soon as practical, deposits (credits) and/or corrections to the previous credits, to the financial institution and account number 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 prior written notice to the City of Stockton, or upon termination of my employment. In signing this agreement, I acknowledge credit to my account could take an additional 48 business hours from pay date for availability.

Employee's Signature: _____ Date: _____

PAYROLL USE ONLY			
Entered By/Date		Effective Date	
Checked By/Bate			