

## Direct Deposit Authorization Agreement Form

I hereby authorize City of Corona to initiate automatic deposits to my account at the financial institution(s) named below.

I agree not to hold City of Corona responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s). Further, I agree not to hold City of Corona responsible for any error on the part of my financial institution(s) in depositing funds to my account. The bank account listed below is in my name and is not a 3rd-Party deposit.

This agreement will remain in effect until City of Corona receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Human Resources Department.

- ◆ Proof will be required. Please attach a voided check or certification for **all** listed financial institutions
- ◆ Please notify prior to or within 24 hours of closing the account
- ◆ Any time an EFT distribution is changed account settings will be tested for **ALL** EFT distributions
- ◆ EFT percentages **MUST** be whole percentages (i.e. 10%, 25%, 50%)
- ◆ Employees may have up to 3 electronic fund transfers

### Employee Information

NAME \_\_\_\_\_ ID # \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DEPT \_\_\_\_\_

### Bank Account Information

**EFT #1** BANK NAME: \_\_\_\_\_  
ROUTING # \_\_\_\_\_  NEW ACCOUNT  
OR  
ACCOUNT # \_\_\_\_\_  EXISTING ACCOUNT  
\_\_\_\_\_ % of Net Pay (For entire Check please write 100%)  
\_\_\_\_\_ FLAT DOLLAR AMOUNT CHECKING  SAVINGS

**EFT #2** BANK NAME: \_\_\_\_\_  
ROUTING # \_\_\_\_\_  NEW ACCOUNT  
OR  
ACCOUNT # \_\_\_\_\_  EXISTING ACCOUNT  
\_\_\_\_\_ % Net Pay  
\_\_\_\_\_ FLAT DOLLAR AMOUNT CHECKING  SAVINGS

**REMAINING** (If EFT #2 is the last distribution, then **CHECK** the box next to REMAINING)

**EFT #3** BANK NAME: \_\_\_\_\_  
ROUTING # \_\_\_\_\_  NEW ACCOUNT  
OR  
ACCOUNT # \_\_\_\_\_  EXISTING ACCOUNT  
CHECKING  SAVINGS

**REMAINING** (If EFT #3 is the last distribution, then **CHECK** the box next to REMAINING)

### Payroll Information

New Accounts will be tested prior to the electronic fund transfer

PLEASE ALLOW A MINIMUM OF 2 PAYROLL PERIODS FOR PROCESSING

STOP MY DIRECT DEPOSIT IN **PAYROLL #** \_\_\_\_\_

TEST ACCOUNT SETTINGS IN **PAYROLL #** \_\_\_\_\_ (HARD COPY CHECK)

DIRECT DEPOSIT EFFECTIVE IN **PAYROLL #** \_\_\_\_\_ (NEW ACCOUNT(S))

Verification of bank information is MANDATORY in order to ensure accurate processing