

**CITY OF HAYWARD  
DIRECT DEPOSIT FORM**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

*I hereby authorize my EMPLOYER to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my account listed below.*

FINANCIAL INSTITUTION NAME

ACCOUNT #

TYPE

\*TRANSIT #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_CKG  
or  
\_\_\_SVG

\_\_\_\_\_

*The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such time manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.*

NAME (print) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

WORK EXTENSION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*Nine digit number that appears on the bottom left of a check or deposit slip. (A VOIDED CHECK MUST BE INCLUDED WITH THIS FORM. Request will NOT be processed without voided check.)**

**FOR PAYROLL USE ONLY**

BANK CODE (4 DIGIT) \_\_\_\_\_

EFFECTIVE PPE \_\_\_\_\_