AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

EMPLOYEE NAME (Last, First, Middle Initial)		TYPE OF ACTION (Check One)	EMPLOYEE SOCIAL SECURITY
EMPLOYEE AUTHORIZATION I hereby authorize the City of Davis to initiate cr to initiate, if necessary, debit entries and adjust credit entries in error to my checking or savings selected below and the financial institution(s) no credit and/or debit the entries to such account(s	ments for any account(s) amed below to	[] New Enrollment [] Change [] Cancel All Participation	CITY DEPARTMENT WORK PHONE NUMBER (EXTENSION)
Signature		Date	
FIRST PRIORITY DEPOSIT ACCOUNT Per paycheck, deposit % Or \$ FINANCIAL INSTITUTION NAME:	Type of A	ccount (Select One): () Checking ()	Savings
BRANCH	CITY	STATE	ZIP
NAME(S) ON BANK ACCOUNT:			
(Last/First/Middle Initial) – City Employee's Name Must be on Account			
ACCOUNT #	ABA TRA	NSIT ROUTING #	
FINANCIAL INSTITUTION CONFIRMATION I confirm the identity of the above named payee			
PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATU	JRE OF REPRESENTATIVE	PHONE #	DATE
FIRST PRIORITY DEPOSIT ACCOUNT Per paycheck, deposit % or \$	Type of A	ccount (Select One): () Checking ()	Savings
% or \$	Type of A		Savings
% or \$		() Checking ()	
% or \$ FINANCIAL INSTITUTION NAME:	Type of A		
% or \$		() Checking ()	
% or \$	CITY	() Checking ()	
% OF \$	CITY ABA TRA	() Checking () STATE NSIT ROUTING #	ZIP
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