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 credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account(s) selected below and the financial institution(s) named below to credit and/or debit the entries to such account(s).

[ ] New Enrollment

[ ] Change

[ ] Cancel All Participation

CITY DEPARTMENT

WORK PHONE NUMBER (EXTENSION)

_____   _____
Signature   Date

FIRST PRIORITY DEPOSIT ACCOUNT   Per paycheck, deposit
_____ % or $_____

Type of Account (Select One):
( ) Checking   ( ) Savings

FINANCIAL INSTITUTION NAME:

BRANCH _____ CITY _____ STATE _____ ZIP _____

NAME(S) ON BANK ACCOUNT:

(Last/First/Middle Initial) – **City Employee's Name Must be on Account**

ACCOUNT #	ABA TRANSIT ROUTING #

FINANCIAL INSTITUTION CONFIRMATION
I confirm the identity of the above named payee(s), the account number and the ABA transit routing number.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	PHONE #	DATE

FIRST PRIORITY DEPOSIT ACCOUNT   Per paycheck, deposit
_____ % or $_____

Type of Account (Select One):
( ) Checking   ( ) Savings

FINANCIAL INSTITUTION NAME:

BRANCH _____ CITY _____ STATE _____ ZIP _____

NAME(S) ON BANK ACCOUNT:

(Last/First/Middle Initial) – **City Employee's Name Must be on Account**

ACCOUNT #	ABA TRANSIT ROUTING #

FINANCIAL INSTITUTION CONFIRMATION
I confirm the identity of the above named payee(s), the account number and the ABA transit routing number.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	PHONE #	DATE

FIRST PRIORITY DEPOSIT ACCOUNT   Per paycheck, deposit
_____ % or $_____

Type of Account (Select One):
( ) Checking   ( ) Savings

FINANCIAL INSTITUTION NAME:

BRANCH _____ CITY _____ STATE _____ ZIP _____

NAME(S) ON BANK ACCOUNT:

(Last/First/Middle Initial) – **City Employee's Name Must be on Account**

ACCOUNT #	ABA TRANSIT ROUTING #

FINANCIAL INSTITUTION CONFIRMATION
I confirm the identity of the above named payee(s), the account number and the ABA transit routing number.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	PHONE #	DATE

I wish to cancel my participation in direct deposit. Signature_____ Date _____