

CITY OF BREAA
ADMINISTRATIVE SERVICES DEPARTMENT
AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

This form must be completed and turned in to payroll to initiate or change the account your payroll is directly deposited into.

Please attach either * (1) documentation from your bank listing the routing number and your account number or (2) a voided check for checking account verification. Please do not attach a deposit slip. Enter the information below, print your name, sign and date the form and return to Payroll for processing.

If this is a new account or you do not have the appropriate attachments (see previous paragraph); **you must complete all information requested at the bottom of this form.** (beginning with account type) Please take care of this immediately and submit to Payroll. Should you have any questions you may contact Shannon Solano, Payroll Technician by e-mail Payroll@ci.brea.ca.us, by phone 714-671-3615, or by Fax 714-671-3663.

It is the responsibility of the employee to notify the City of Brea, Payroll division of any changes to this form and re-submit a corrected form. If a deposit is returned, a \$12 fee will be deducted from your payment to cover administrative costs and to re-transmit your payment. An e-mail will be sent to your City of Brea e-mail or your alternate e-mail supplied if you were not assigned one. Please allow any alternate e-mail account to accept incoming e-mails from PayDay@ci.brea.ca.us.

CITY OF BREAA AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (We) hereby authorize the City of Brea to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) account indicated below and the depository bank named below to credit and/or debit the same to such account. This authority is to remain in effect until City of Brea has received written notification from employee (signed below) of its termination in such time and such manner as to afford both City of Brea and Depository Bank a reasonable opportunity to act upon it.

TYPE OF ACCOUNT must be identified (if you have a Money Market Savings Account, please confirm with your bank to determine whether it should be coded as a savings or checking account.)

Account Type Required:

CHECKING

SAVINGS

Depository Bank Name and Branch		Bank Telephone Number:	
		()	
Bank Address (Street)	(City)	(State)	(Zip code)
_____	_____	_____	_____ - _____

The following numbers must be exact to insure accurate processing of your payroll.

BANK TRANSIT ROUTING NUMBER	CK DIGIT	EMPLOYEE BANK ACCOUNT NUMBER
:	: * *	:
The last digit of the Transit Routing number is the check digit that should be entered between the two asteriks.		

The following fields are required.

These 3 fields to be completed by Payroll

Employee Name (please print):	Payrun#:	Employee#:	Dept#:
	_____	_____	_____
Employee Signature:	Date Signed:		