

CITY OF FOUNTAIN VALLEY

ELECTRONIC DEPOSIT AUTHORIZATION

New Change Cancel

I hereby authorize the City of Fountain Valley to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving **10 days prior written notice** to the City, or, in the case of payroll deposits, upon termination of my employment with the City.

Employee Number

Name

Email Address
(required for paystub remittance)

SS Number

Signature

Date

Financial Institution (Bank, Savings, Credit Union)
(include ABA routing # or attach)

Type of Account
(circle)

Your Bank Account Number

Amount to Deposit

Checking/Saving

____ 100% (Full Check or Balance)

Checking/Saving

\$ _____ (Specify Amount)

Checking/Saving

\$ _____ (Specify Amount)

Checking/Saving

\$ _____ (Specify Amount)

Checking/Saving

\$ _____ (Specify Amount)

Checking/Saving

\$ _____ (Specify Amount)

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK(S) TO THIS FORM
OR LETTER FROM FINANCIAL INSTITUTION(S)
A deposit slip is not acceptable.