City of Santa Monica®

NEW REQUEST ☐ CHANGE ☐ CANCELLATION ☐

EMPLOYEE'S AUTHORIZATION DIRECT DEPOSIT OF PAYROLL

Please initial here for paperless payslips ☐
(by initialing here, you will not receive paper payslips)
provide email address below

Your Email address *(to receive electronic payslips)*

I hereby authorize the City of Santa Monica Payroll Office and the financial institution listed below to deposit my pay automatically to my account each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. I agree to indemnify the City and hold it harmless from any damages or liability, which result from the direct deposit services provided to me. This authorization will remain in effect until I have canceled it in writing and such time as to afford a reasonable opportunity to act on it.

*For split accounts, amount to be deposited to **THIS** account:* _____

Type of Account: ☐ Checking ☐ Savings

Today's Date _____

Employee Identification Number _____

Employee Social Security Number _____

Financial Institution

Financial Institution Address

Employee Name as It Appear On Check (Please Print)

City State

Co-Applicant's Name If Joint Account

Financial Institution Account Number

Employee Signature

----------**TO BE COMPLETED BY CITY OF SANTA MONICA PAYROLL OFFICE**----------

: : Transit Routing Number

Account Number Information

Instructions – Please Read

This authorization form gives the City, your employer, and your financial institution authority to deposit pay to your account and to provide pay information electronically. Simply complete **all fields** in this form to take advantage of these services.

Fill out this form online except for the signature line, print and **sign** the printed form, and submit it to the **Payroll Office**, along with a proper attachment as noted below. If you have any questions, please contact the Payroll Office at ext. 8260 or ext. 8263.

1) Attach a voided personal check for verification of all financial institution information. If your deposit is going to your savings account, please attach a deposit slip or a copy of the section of your bank statement or passbook which shows your bank account number.
2) Mark the box to indicate if this is a New Authorization Request, a Change in your financial institution or account number, or a Cancellation Request.
3) Initial the box to indicate your participation in the Paperless Payslips program. You may view any and all paychecks in COSMOS, which is available on the City's intranet (Finance/COSMOS).
4) Mark the box before the type of account to indicate whether you would like your pay deposited in your checking or savings account.
5) Fill in today's date, your name, your employee ID number and/or social security number, and your financial institution's name and location. Include the Co-Applicant's name if this is a joint account.
6) Be sure to notify **Payroll** in advance of any changes or closure of your account.
7) Payroll forms are available on the City's intranet at http://desktop.private/finance/payroll/index.htm.
8) Please note that any new requests or changes to your direct deposit will go through a prenote process with the bank, and you will continue to receive paychecks until the prenote process is complete. *(Generally, the prenote process takes one pay cycle and you will receive a regular paycheck.)*