

CITY OF MILLBRAE
621 MAGNOLIA AVENUE
MILLBRAE, CA 94030

DIRECT DEPOSIT AUTHORIZATION FORM

NAME

ADDRESS

NAME OF THE BANK

CHECKING ACCOUNT NUMBER

ROUTING NUMBER

NAME OF THE BANK

SAVINGS ACCOUNT NUMBER

ROUTING NUMBER

IMPORTANT: PLEASE ATTACH A COPY OF YOUR VOIDED CHECK.

I hereby authorize City of Millbrae to initiate direct deposit to my financial institution indicated above. The financial institution is authorized to credit 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 City of Millbrae payroll or upon termination of my employment with the city.

Employee's Signature

Date

Start

Change

Cancel

Prenote

Live