



**CITY OF MONTEREY
DIRECT DEPOSIT FORM
PAYROLL**

Payroll Office
735 Pacific Street, Suite A
Monterey, CA 93940
(831) 646-3942 fax(831) 646-3455

PLEASE COMPLETE (1) FORM PER ACCOUNT & CHECK THE APPROPRIATE BOXES
For new accounts, please attach voided check or bank authorization form for correct routing number

EMPLOYEE NAME _____ Employee ID _____
if available

Beginning on the Pay Day of _____, perform the action checked below:	
<input type="checkbox"/> START ORIGINAL DEPOSIT FOR THIS ACCOUNT (ATTACH VOIDED CHECK)	
<input type="checkbox"/> CHANGE AMOUNT FOR THIS ACCOUNT	<input type="checkbox"/> CHANGE ACCOUNT NUMBER
<input type="checkbox"/> STOP DEPOSIT TO THIS ACCOUNT	<input type="checkbox"/> CHANGE BANK

IS THIS FOR A CHECKING or SAVINGS ACCOUNT? (check one)

BANK/CREDIT UNION NAME _____

YOUR BANK ACCOUNT # _____ ABA # _____

FOR ACCOUNTS PAYABLE REIMBURSEMENTS
Check here if you want to apply change to your Accts Payable Direct Deposit account as well

CHECK THE APPROPRIATE FREQUENCY AND SPECIFY THE AMOUNT:

EACH PAYROLL PERIOD (NET PAY or enter \$ _____)

OR

1ST CHECK OF MONTH (NET PAY or enter \$ _____)

2ND CHECK OF MONTH (NET PAY or enter \$ _____)

I AUTHORIZE THE CITY OF MONTEREY TO MAKE THE DIRECT DEPOSIT CHANGES CONTAINED HEREIN.

EMPLOYEE SIGNATURE DATE

PAYROLL USE ONLY
Date Entered: _____
By: _____