



Direct Deposit Authorization Agreement Human Resources

Name: _____ Employee # or SS#: _____
Department: _____ Phone No: _____ City Ext: _____

Begin Deposits Change Information Cancel Deposits Cancel and Start New Account

Bank 1: Checking or Savings

Financial Institution: _____

Bank Routing #: _____

Account #: _____

Entire pay check:

or Per Pay Period: \$ _____ or _____%

Bank 2: Checking or Savings

Financial Institution: _____

Bank Routing #: _____

Account #: _____

Per Pay Period: \$ _____ or _____%

Or Remaining Balance:

Bank 3: Checking or Savings

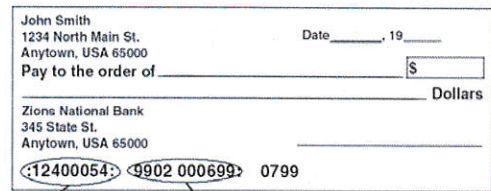
Financial Institution: _____

Bank Routing #: _____

Account #: _____

Remaining Balance:

STAPLE VOIDED CHECK(S) HERE



BANK NUMBER

ACCOUNT NUMBER

Attn Credit Union Members: please verify your account number with your financial institution. It may be different then the account number on your check.

I hereby authorize the City of Roseville Payroll Department to initiate credits (and/or corrections to previous credits) to my bank account(s) as indicated above. This authorization will remain in effect until I give written notice to Human Resources either to change or terminate it. I understand that should computer problems occur, the City of Roseville will notify employees of late deposits. However, the City will not assume liability for those late deposits.

Employee Signature _____

Date _____

Return form to Human Resources

Processed: _____