

CITY OF SACRAMENTO

EMPLOYEE ELECTRONIC PAYROLL DEPOSIT AUTHORIZATION

ENROLLMENT

CHANGE

CANCELLATION

Complete this form to enroll in the employee electronic payroll deposit program.

Please print the following information clearly.

SS#

EMP. ID#

YOUR NAME:

First Name

MI

Last Name

Phone #

YOUR FINANCIAL INSTITUTION (Bank, Savings and Loan, Credit Union)

INSTITUTION NAME: _____

ACCOUNT TYPE:

For a **checking** account, enter C. **Attach a voided check for that account to this form.**For a **savings** account, enter S. **Attach a voided deposit slip for that account to this form.**

ACCOUNT NUMBER:

ROUTING NUMBER:

FLAT AMOUNT:

OR

PERCENTAGE:

INSTITUTION NAME: _____

ACCOUNT TYPE:

For a **checking** account, enter C. **Attach a voided check for that account to this form.**For a **savings** account, enter S. **Attach a voided deposit slip for that account to this form.**

ACCOUNT NUMBER:

ROUTING NUMBER:

FLAT AMOUNT:

OR

PERCENTAGE:

I hereby authorize the City of Sacramento to initiate deposits (credits) and/or corrections to the previous deposits to the institutions indicated above. The financial institution is authorized to credit and/or correct the amounts to my account. This authorization is to remain in effect until I revoke it by giving 20 days prior notice or by terminating employment with the City of Sacramento.

Employee Signature_____
Date

Forward completed form with attachments to:

PAYROLL SECTION, ACCOUNTING DIVISION
City Hall 915 I Street, 4th Floor
Sacramento CA 95814

MAIL CODE 09620
Phone Number 808-5495
Fax Number 808-5444