



CITY OF SAN BRUNO

DIRECT DEPOSIT AUTHORIZATION

Employee Name:

Employee Social Security Number:

Department:

I hereby authorize the City of SAN BRUNO to deposit my net salary by electronic funds transfer (EFT) into the following account each pay period until this authorization is revoked. I also authorize the City of SAN BRUNO to take back any EFT deposit made in error and to either correct and reissue the EFT deposit or issue a check to me for the correct amount.

ABA Routing Number:
(Usually the first nine digits on the bottom of the check)

Branch and Account Number:
(Usually 10 digits all together)

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK, NOT A DEPOSIT SLIP
(Deposit slips do not have ABA routing numbers on them.)

Note: There is a pre-note process where the City continues to issue you a check while testing to be sure the EFT deposit occurs correctly. Your direct deposit will therefore take effect the second pay period after this authorization is submitted to Payroll.

PLEASE ATTACH VOIDED CHECK HERE