



DIRECT DEPOSIT FORM

City of San Gabriel

Directions: To enroll in direct deposit, fill out this form and return to the Human Resources Office. For each checking account, please attach a voided check. For each savings account, attach a deposit slip. In both cases, please ask your bank to confirm the Routing/Transit number for your account – it's not always the same as the number as the one on your check and/or deposit slip.

| | | | |
|----------------|--|-------------------------|--|
| Employee Name: | | Social Security Number: | |
|----------------|--|-------------------------|--|

Account Information

| | | |
|----|--|---|
| 1. | Bank Name, City, State, Telephone Number | |
| | Routing Transit Number | Account Number |
| | Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ | I wish to deposit into this account: <input type="checkbox"/> Entire Net Amount of Check <input type="checkbox"/> Partial amount of only \$ _____ |
| 2. | Bank Name, City, State, Telephone Number | |
| | Routing Transit Number | Account Number |
| | Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ | I wish to deposit into this account: <input type="checkbox"/> Remaining Amount of Check <input type="checkbox"/> Partial amount of only \$ _____ |
| 3. | Bank Name, City, State, Telephone Number | |
| | Routing Transit Number | Account Number |
| | Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ | I wish to deposit into this account: <input type="checkbox"/> Remaining Amount of Check <input type="checkbox"/> Partial amount of only \$ _____ |

AUTHORIZATION

I hereby authorize the City of San Gabriel (hereinafter "City") to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit entries indicated by the City. In the event that the City deposits funds erroneously into my account, I authorize the City to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the City receives written notice from me of its termination in such time and in such manner as to afford the City and Bank reasonable opportunity to act on it.

Employee Signature

Date

Payroll Initials (Processed)