



DIRECT DEPOSIT REQUEST

Name: _____ Employee # _____ Ext # _____

Please deposit my paycheck to my account as indicated below. I understand that:

1. I may elect up to two accounts and designate a fixed dollar amount in one with the remaining balance in my primary account;
2. It normally takes two pay periods for this Direct Deposit to take effect;
3. This request supercedes any previous Direct Deposit request;
4. I must notify Payroll if I close my account;
5. I may cancel my participation in the program at any time.

PLEASE NOTE: If you are making any changes to a current direct deposit, you will receive a live check until the direct deposit is tested and verified (usually one pay period).

Please terminate my direct deposit

Please print, sign and submit completed form with attachments, if any, to Payroll.

Name (PRINTED): _____ Employee # _____ Ext # _____

Attach voided check (or copy), not a deposit slip. For savings, please provide the routing and account numbers.

Account #1-Primary (Entire Net Pay or Remaining Balance)		Amount = NET PAY
Name of Financial Institution		
Account Number		
Routing Number		
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Account #2-Fixed Dollar Amount (DD1)		Amount =
Name of Financial Institution		
Account Number		
Routing Number		
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

I hereby authorize the City of San Mateo to initiate credit entries to my (our) bank account(s) indicated above and any necessary debit entries and adjustments to correct any credit entries made in error.

Employee Signature: _____ Date: _____