

# City of Santa Clara

## Direct Deposit Authorization Agreement

Please use this form to request Direct Deposit of your paycheck.

### Employee Information

Employee Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_  
Include Area Code

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

Work Phone \_\_\_\_\_  
Include Area Code

### Bank Information

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone Number \_\_\_\_\_  
Include Area Code

Bank ID / Routing Number  -  -

Bank Account Number \_\_\_\_\_

Account Information  
Checking  Savings   
Attach VOIDED check Attach letter from Institution with Account Number

New  Change  Cancel

There will be a one pay period waiting period for direct deposit to take effect. **PLEASE CHECK your pay stub to ensure that direct deposit has started. PLEASE NOTIFY PAYROLL IMMEDIATELY IF THERE IS A CHANGE IN YOUR ACCOUNT NUMBER, INSTITUTION, OR IF YOU PLAN TO CLOSE YOUR ACCOUNT.**

I hereby authorize The City of Santa Clara Payroll Department to make deposits of my payroll check to the above listed bank account. In the unlikely event of a deposit error, I authorize the company to make adjustments to correct the error without prior notice.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR PAYROLL USE ONLY

Entered by: \_\_\_\_\_ Employee # \_\_\_\_\_ Date entered: \_\_\_\_\_