CITY OF SANTA FE SPRINGS
AUTHORIZATION FOR DIRECT PAYROLL DEPOSIT

Employee Number_____

FIRST ACCOUNT **Type of Account: Checking ____ Savings____**

BANK NAME: _____ **BANK ADDRESS:** _____

City: _____ State: _____ Zip: _____

Account No.: _____ Percentage: _____

SECOND ACCOUNT **Type of Account: Checking ____ Savings____**

BANK NAME: _____ **BANK ADDRESS:** _____

City: _____ State: _____ Zip: _____

Account No.: _____ Percentage: _____

I hereby authorize the City of Santa Fe Springs (1) to initiate credit entries of my net compensation by electronic fund transfer, to my account number(s) listed above at the depository ("Bank") named above, and (2) to initiate, if necessary, debit entries or adjustments for any credit entries in error. This procedure for direct deposit of my net compensation is in lieu of the check I would otherwise receive as compensation.

I will not hold the City of Santa Fe Springs or its officers, agents or employees (collectively "City) responsible for any delay, loss or misapplication of funds (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account, or (2) due to any acts or omissions by any outside entity (automated clearinghouse or financial institution). I understand that an unforeseen delay in payroll processing by the City or by such outside entity, due to computer downtime, power outages or other unavoidable occurrences, might affect the date of deposit of funds and herby waive any liability due to such delay.

This authority is to remain in full force and effect until the City of Santa Fe Springs has received written notification from me of its termination or City of Santa Fe Springs cancels this electronic deposit arrangement by sending me notice ten (10) days before cancellation.

Name: _____ SSN: _____

Signature: _____ Date: _____

PLEASE ATTACH A CHECK PRINTING SPECIFICATION FORM FOR SAVINGS ACCOUNTS
PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS

FOR PAYROLL USE ONLY

Pre-Note: _____

Effective Date: _____

FIRST ACCOUNT

BANK ABA #

EMPLOYEE ACCT#

SECOND ACCOUNT

BANK ABA #

EMPLOYEE ACCT#