

____ START
____ CHANGE
____ CANCEL

____ CHECKING
____ SAVINGS
PRE-NOTE ON _____

CITY OF WEST COVINA DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the **City of West Covina** to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to the City of West Covina, or upon termination of my employment

NAME OF FINANCIAL INSTITUTION (Bank or Credit Union)	ROUTING #	ACCOUNT#	Account Type (Checking or Savings)	PERCENT or FLAT AMOUNT

Employee Signature

Date

Printed Name

Employee Number

Important: Please attach a voided check to this form.

(Attach VOIDED check here)