



# CITY OF WEST SACRAMENTO AUTHORIZATION FOR DIRECT DEPOSIT

NEW

CHANGE

CANCELLATION

I hereby authorize the City of West Sacramento Finance Department to electronically transfer to the financial institution(s) and account(s) indicated below my normal bi-weekly paychecks, subject to the terms and conditions stated below.

1.  CHECKING       SAVINGS

FINANCIAL INSTITUTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*BANK ROUTING NO.: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
(Specify dollar amount or net check)

\*NOTE: The Bank Routing No. is extremely important. Please write clearly (or attach a voided check)

2.  CHECKING       SAVINGS

FINANCIAL INSTITUTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*BANK ROUTING NO.: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
(Specify dollar amount or net check)

\*NOTE: The Bank Routing No. is extremely important. Please write clearly (or attach a voided check).

3.  CHECKING       SAVINGS

FINANCIAL INSTITUTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*BANK ROUTING NO.: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
(Specify dollar amount or net check)

\*NOTE: The Bank Routing No. is extremely important. Please write clearly (or attach a voided check).

### Terms and Conditions:

1. The first payroll cycle after this document has been submitted **will not** result in a direct deposit occurring. The first payroll cycle will be for a "pre-notification", where the bank is notified that you WILL be using direct deposit, and your account number is verified for authenticity by your bank. If there is any error in this "pre-notification" phase, the entire process must start again from the beginning; **therefore, it takes a minimum of two complete payroll cycles before becoming effective.**
2. Once the direct deposit becomes effective, it is the intention of the City to have funds available for your use by Friday, the normal pay date. However, due to certain conditions beyond our control, funds availability may be later. You will be notified if funds will not be made available by Friday, the normal pay date.

This authority will remain in effect until the Finance Department has received written notification of its termination.

NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(Please print name here)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_