

# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Complete and return to the Human Resources Department

**As of 6/3/2019, forms must be submitted in-person and an ID may be required.**

## Direct Deposit Details

On each payday you will receive a paystub (earnings statement) for your records. This will show gross salary, taxes, other deductions and net pay. Your money will be automatically deposited in your account(s) on the morning of the pay day. If you have any questions about Direct Deposit, contact the Human Resources Department at 839-4921. **PLEASE NOTE:** For new employees, the FIRST payroll after the form is received will be a live paper check (ask your department how they handle the delivery of the first check). Direct Deposit will start the next pay period.

## Instructions

1. Fill out the form below including your employee number, your name, financial institution name, routing number and account number
2. Check the box to indicate whether you would like your pay deposited into checking or savings
3. Attach a voided check OR a statement from your bank indicating routing and account numbers
4. Repeat steps 1 through 3 for second financial institute (ONLY if you would like your pay check amount split between 2 different accounts)
5. Sign authorization form below
6. Return the form **IN-PERSON** to the Human Resources Department (3<sup>rd</sup> Floor, City Hall)

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**This authorization gives the City of Eau Claire and your financial institution(s) authority to deposit your pay to your account(s) listed below.**

**NOTE:** This authorization will replace and void all previous direct deposit authorizations.

**Please print legibly.**

**Employee Number:** \_\_\_\_\_ **Employee Name (please print):** \_\_\_\_\_

### **Bank #1 Details**

Financial Institution Name: \_\_\_\_\_

Checking Account       Savings Account

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Amount or % \_\_\_\_\_

### **Bank #2 Details (If applicable)**

Financial Institution Name: \_\_\_\_\_

Checking Account       Savings Account

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Amount or % \_\_\_\_\_

**I authorize the City of Eau Claire and the financial institutions listed above to initiate electronic entries to my account.**

Signature \_\_\_\_\_ Date \_\_\_\_\_