

## City of Houston DIRECT DEPOSIT AUTHORIZATION

New to direct deposit program
Add/change/delete existing direct deposits
Stop all direct deposit effective:
(Used only for Finance-approved exceptions)

	*All shaded areas must be completed			
Employee No*	Employee name (last, first, middle initial)*	Dept r	name*	Work Phone*
Action	Bank ABA Routing Number*	Account Number*	Deposit Type	Account Type*
_	(9 digits)	(up to 17 characters)		<del>_</del>
Add			Amount <u>\$</u>	Checking
Change			Percent%	Savings
Delete			Balance	
Effective Date	Financial Institution (name, city, state)		•	
Action	Bank ABA Routing Number *	Account Number*	Deposit Type	Account Type*
	(9 digits)	(up to 17 characters)		
Add			Amount \$	Checking
Change			Percent%	Savings
Delete			Balance	
Effective Date	Financial Institution (name, city, state)			
Action	Bank ABA Routing Number *	Account Number*	Deposit Type	Account Type*
	(9 digits)	(up to 17 characters)		
Add			Amount \$	Checking
Change			Percent%	Savings
Delete			Balance	_
Effective Date	Financial Institution (name, city, state)			
IE VOLLSEL ECTED	CHECKING ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM. IF	VOLUSEI ECTED SAVINGS ACCO	LINT ATTACH A DEDOSIT SLIP TO	TUIS EODM
	TTACH THE DEPOSIT SLIP IF IT DOES NOT HAVE PRE-PRINTED BANK		ONT, ATTACH A DEPOSIT SEIF TO	THIS FORM.
Adding a new direct	deposit or changing account type, bank identification number or account number	requires a prenote to be sent to the ba		
ccount type, bank ID	and account number to the bank to assure the accuracy of the numbers. Changes the prenoting process is complete.	should be effective 5 to 15 days after	the agency enters the direct deposit in	the payroll system. You may
	g process to compress.			
Remarks				
authorize the City of	f Houston and my financial institutions indicated above to initiate electronic	credit entries (direct deposit) of the	amounts I designated and if necessa	ry, debit entries and adjustme

Send this form to your agency direct deposit designee. If you are not sure who this is, contact your payroll or personnel office.

Date \*

discontinued.

Employee Signature\*

## **Account Consent Form**

I am providing the same consent for recovery from the other account holder by the signature below. I understand that the City will not begin a direct deposit to a joint account without the other account holder's permission for correcting debits.

From time to time, the City may need to correct the amount paid to me, which could result in payment by check. The City is not responsible for forwarding these checks to my bank. These checks will be delivered to me through my regular pay location.

I recognize that the City will automatically end direct deposit if the information needed to deposit my pay is no longer valid due to any changes made by my bank. In such case, it is my responsibility to provide the City with the updated deposit information to renew direct deposit.

If I change banks or accounts, I acknowledge that I must allow one month after I notify my department's payroll representative in writing. I must provide the City the name of a new bank and any new bank or account routing information for the direct deposit to be made to the new bank or account. This allows the City and banking system to re-execute the bank prenoting process.

If I wish to discontinue direct deposit, I acknowledge that I must notify my department's payroll representative in writing by the end of the current payday so the next check will be printed for delivery to me rather than being deposited directly to the account I specified.

I have attached a void check to confirm the bank and account information.

Is this account a Joint Account?	Yes	No
	_	
Second Account Holder		Date
	_	
Primary Account Holder		Date