

Employee Name: \_\_\_\_\_



## Authorization for Direct Deposit of Payroll

City of Gahanna employees are required to participate in direct deposit for payroll. Employees may have up to three direct deposit accounts. In order to set up a direct deposit account, please provide the information below.

**Checking Account:** Must provide a VOIDED check or copy of a voided check.

**Savings Account:** Must provide a letter from your financial institution with your account and routing information

Note: A deposit slip is not acceptable for validating your account information

Sample Check:

Joe Employee	5555
Street	
City	
Pay to the Order Of: _____	\$
_____	
<b>123456789 5555 960794092381</b>	

↑  
Routing #

↑  
Account #

New Account       Change Deposit Amount       Cancel       Reactivate

1.    Checking/Savings (Circle one) Name of Financial Institution \_\_\_\_\_

Bank Routing Transit Number: \_ \_ \_ \_ \_

Account Number \_\_\_\_\_

Amount per pay check \$ \_\_\_\_\_ (if only one direct deposit, write "ALL")

New Account       Change Deposit Amount       Cancel       Reactivate

2.    Checking/Savings (Circle one) Name of Financial Institution \_\_\_\_\_

Bank Routing Transit Number: \_ \_ \_ \_ \_

Account Number \_\_\_\_\_

Amount per pay check \$ \_\_\_\_\_

Signature Required on back of form

New Account                       Change Deposit Amount     Cancel                       Reactivate

3.      Checking/Savings (Circle one) Name of Financial Institution\_\_\_\_\_

Bank Routing Transit Number:   \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_

Account Number\_\_\_\_\_

Amount per pay check \$\_\_\_\_\_

To ensure the accuracy of the account information **your first check will be a live check** while your account information is verified with your financial institution. Once your account information is verified, all future payroll checks will be directly deposited into your account as specified on this form and you will receive a voucher of the deposit.

I authorize the City of Gahanna to automatically deposit my payroll check into my accounts as listed on this form. This includes authorization to correct any entries made in error. This authority is to remain in full force until the City of Gahanna has received written notification from me of termination of direct deposit of payroll in such timely manner to afford my employer and financial institution a reasonable opportunity to act on the termination of direct deposit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date