

CITY OF LEBANON

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE PRINT CLEARLY

Employee Name: _____ Employee # _____

Establishing direct deposit transactions (including changes) requires a ten (10) day notification period before funds are deposited. During the notification period, a payroll CHECK will be generated.

- If you are splitting the direct deposit, a set dollar amount must be designated to be deposited into one account with the remaining deposit into the other.
- For all accounts the following documentation must be submitted with this request:

Checking Account - Voided check

Savings Account - Proof of account name and number

ACCOUNT INFORMATION	Account Type:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Financial Institution Name and Address: _____			
Financial Institution Transit or Routing # _____		Account Number: _____	
Type of Deposit:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Deposit Amount: _____	<input type="checkbox"/> Remaining Net Pay

ACCOUNT INFORMATION	Account Type:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Financial Institution Name and Address: _____			
Financial Institution Transit or Routing # _____		Account Number: _____	
Type of Deposit:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Deposit Amount: _____	<input type="checkbox"/> Remaining Net Pay

ACCOUNT INFORMATION	Account Type:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Financial Institution Name and Address: _____			
Financial Institution Transit or Routing # _____		Account Number: _____	
Type of Deposit:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Deposit Amount: _____	<input type="checkbox"/> Remaining Net Pay

By signing this agreement, I hereby authorize and request the City of Lebanon to make payments owed to me for payroll by initiating credit entries into my account(s) indicated above. I also authorize the City of Lebanon to initiate, if necessary, debit entries and adjustments for any credit entries made in error. This authority will remain in effect until I have cancelled it in writing.

Employee Signature: _____ Date: _____