DIRECT DEPOSIT FORM

Authorization Agreement for Automatic Credits (ACH Credits)

Type of Request: ☐ New Account ☐ Change Account ☐ Cancel Account

Employee Name: _____ **SSN:** _____ **EE ID#:** _____

Department: _____ **Division:** _____

I (we) hereby authorize the City of West Palm Beach, hereinafter called the CITY, to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account:

Type of Account: ☐ Checking Account ☐ Savings Account

Provide the financial institution information

Name of Bank: _____ **Bank Phone No:** _____

Transit ABA No.: _____ **Account No:** _____

➡️ <mark>Voided check or Bank Direct Deposit letter for the above account **MUST** be attached to this agreement.</mark>

Bank routing number is a nine-digit code. It's the first set of numbers printed on the bottom of your checks, on the left side.

Account number (usually 10-12 digits) is specific to your personal account. It's the second set of numbers printed on the bottom of your checks, just to the right of the bank routing number.

This authority is to remain in full force and effect until the CITY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford the CITY and the financial institution names above a reasonable opportunity to act on it.

Print Name: _____ **Date**: _____

Employee Signature: _____

Two signatures are required for accounts in joint names

Print Name: _____ **Date**: _____

Signature: _____

Forms need to be returned to the Finance Department, Payroll.

FOR EMPLOYER USE ONLY

NOTICE TO EMPLOYEE

You will receive a check prior to _____. You are advised to verify with your financial institution that direct deposit was made to the above account on this scheduled date.

Oracle: _____ Prenote: _____ Cash Management: _____

Input By: _____ Date: _____

Updated: 1/11/2019