



Direct Deposit Authorization Form

→ Paydays are every other Friday

(Direct deposit may be available on Thursday)

•Please Print•

| | |
|-----------------------------------|--|
| Employee Name: | |
| Contact Phone & Email: | |
| Department: | |

Please check the following which apply:

- New direct deposit (documentation required) Addition to current direct deposit (documentation required)
- Cancel or Change in dollar amount to a current direct deposit

REQUIRED for New or Added Direct Deposits: Please attach voided check(s) or photocopy or printout from your financial institution to this document.

NO DIRECT DEPOSITS WILL BE SET UP UNTIL WE RECEIVE A VOIDED CHECK (deposit slips will not be accepted) OR A PRINTOUT WITH YOUR ACCOUNT NUMBER AND ROUTING NUMBER FROM YOUR FINANCIAL INSTITUTION

•Please Print•

| | |
|--|--|
| Financial Institution Name: | |
| Financial Institution City/State: | |
| Account Type: | <input type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| Account Number: | |
| Deposit Amount: | <input type="checkbox"/> Net Check or <input type="checkbox"/> \$ _____ |

| | |
|---|--|
| 2nd Financial Institution Name: | |
| Financial Institution City/State: | |
| Account Type: | <input type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| Account Number: | |
| Deposit Amount: | <input type="checkbox"/> Net Check or <input type="checkbox"/> \$ _____ |

I authorize the City of Billings and the financial institution(s) listed above to initiate electronic credit entries and if necessary, debit entries and adjustments for any entries in error to my account each payday; and verification that the account information is correct and active. This authorization will remain in effect until I have cancelled it in writing and the documentation is received by City of Billings HR/Payroll, at least 4 business days prior to the payday of change.

| | |
|----------------------------|--|
| Employee Signature: | |
| Date: | |