



CITY OF STAFFORD

Payroll Direct Deposit Authorization Form

EMPLOYEE INFORMATION	
Employee Name: _____	Department: _____
<i>(Please print legibly to avoid delays)</i>	

NEW CHECKING or SAVINGS ACCOUNT-attach voided check or letter from banking institution with routing and account #.

ACCOUNT DETAILS <i>(MAX OF THREE ACCOUNTS)</i>		Accounts: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <i>The first account will be referred to as your Primary account</i>				START DATE: ____/____/____ <i>(Applies to all changes)</i>											
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank ABA/ Routing <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														PERCENT: _____% OR AMOUNT: \$ _____	
		Account Number: _____ Financial Institution: _____				CHANGE AMOUNT: From \$ _____ To \$ _____											
<input type="checkbox"/> Stop		Acct # _____ (last 4 digits)		Financial Institution: _____													

ACCOUNT DETAILS <i>(MAX OF THREE ACCOUNTS)</i>		Accounts: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <i>The first account will be referred to as your Primary account</i>				START DATE: ____/____/____ <i>(Applies to all changes)</i>											
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<input type="checkbox"/> Stop		Acct # _____ (last 4 digits)		Financial Institution: _____													

I hereby grant permission to the City of Stafford to electronically transfer my bi-weekly payroll to the bank institution and account number(s) listed above and send a copy of the pay stub.

Employee Signature: _____ Date: ____/____/____

*****Please return completed form to HR Department*****