

City of Perry Employee Direct Deposit Initiation/Change Form

This form is to be used for employees new to the Direct Deposit service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Name: _____

Address: _____

City/State/Zip Code: _____

Work Phone Number: _____

Please Check One:

- Set Up Direct Deposit
 Change Direct Deposit
 Cancel Direct Deposit

Authorization Agreement for Direct Deposit

I would like my wages/salary deposited to the following bank account(s):

Bank Name	Type	Amount	Account Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Required Documentation for Each Account:

- Voided Check from each checking account OR**
- Bank letter or form certifying the ABA number and account number.**

By submitting this form, I hereby authorize the City of Perry to deposit my reimbursements directly into the bank account(s) indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until the City of Perry receives written notice from me of its termination.

Participant Signature: _____ Date: _____