

Direct Deposit Enrollment/Change Form

Name: (Please Print: Last Name, First Name)	Social Security Number:
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IMPORTANT

Before completing this form, please read the instructions printed on the reverse side.
You are responsible for completing this form accurately.

Authorization Statement: I authorize **The City of Port Townsend** to deposit any payroll amounts owed to me to my account(s) at the depository institutions listed below. For correcting an amount erroneously deposited, I authorize The City of PT to reverse any amounts made to my account(s). I understand it is my responsibility to verify that payments issued by The City of PT have been deposited to my account(s) before attempting to draw on the funds. I understand that this authorization will remain in effect until I change my account number(s) and notify The City of PT in writing by completing a Direct Deposit Enrollment/Change Form.

Signature _____

Date _____

Please attach voided check or savings deposit slip here	Account # 1	Add <input type="checkbox"/> <u>or</u> Change <input type="checkbox"/> <u>or</u> Cancel <input type="checkbox"/>	
	Bank/Financial Institution Information		
	Bank Name		
	Branch		
	Routing # (nine-digits)		Account #
	Account Type		Amount per Pay Period

Please attach voided check or savings deposit slip here	Account # 2	Add <input type="checkbox"/> <u>or</u> Change <input type="checkbox"/> <u>or</u> Cancel <input type="checkbox"/>	
	Bank/Financial Institution Information		
	Bank Name		
	Branch		
	Routing # (nine-digits)		Account #
	Account Type		Amount per Pay Period

Please attach voided check or savings deposit slip here	Account # 3	Add <input type="checkbox"/> <u>or</u> Change <input type="checkbox"/> <u>or</u> Cancel <input type="checkbox"/>	
	Bank/Financial Institution Information		
	Bank Name		
	Branch		
	Routing # (nine-digits)		Account #
	Account Type		Amount per Pay Period

Sign-up for Direct Deposit

Please read the following instructions carefully. An incomplete form will delay processing.

1. Please **PRINT** your name legibly with last name first, followed by your social security number.
2. **Read the authorization statement.**
3. **Sign and date this form.** Also provide your telephone extension number.

Add or Change or Cancel

Check [] appropriate box:

- **Add** when applying for direct deposit or adding a new financial institution or account number
- **Change** when changing the amount per pay period or to change from a fixed dollar amount to net pay
- **Cancel** to discontinue direct deposit to that account

If adding, changing, or canceling multiple accounts, please complete a separate section for each account.

Use additional forms, if necessary.

Financial Institution

Indicate your bank, credit union, or brokerage firm's name and branch

Bank Routing Number (a.k.a. Bank Transit Number or Bank ABA Number)

This nine-digit number starts with a "1", "2", or "3" and is located on the bottom left hand side of a *CHECK*.

If depositing to:

- **Checking** account, you must attach a voided check NOT deposit slip
- **Savings** account, you must attach a voided deposit slip

Account

Complete your account number or have your financial institution complete this information for you

Account Type

Check [] appropriate box

- "C" for checking account
- "S" for savings account

Amount Per Pay Period

- You may choose either a percentage or a fixed amount
 - 100% in one account
 - 25% in the first account and 75% in the second account
- You may choose to have the "remainder" deposited to a second/third account
 - \$200.00 in the first account and the remainder in the second account
 - \$50.00 in the first account, \$300.00 in the second account and the remainder in the third account

Please note the following:

- Any new request or changes to account information (Routing #, Account #, or Type) *will* require **at least one pay period** to become effective. You will receive a physical paycheck until the direct deposit begins.
- You must **immediately** notify Payroll if you make any changes or cancel/close any of your accounts. Failure to do so will **delay** receipt of your funds.
- You **must** be an **owner** of the account(s) to authorize direct deposit.
- Any questions should be directed to Payroll at (360) 379-4404