DIRECT DEPOSIT INFORMATION

EMPLOYEE NUMBER:_____ EFFECTIVE DATE: _____

NAME: _____

ADDRESS:_____

CITY, STATE & ZIP: _____

Authorization to begin Direct Deposit

I hereby authorize the City of Aurora to deposit my pay automatically to my bank account: (*please check appropriate box on backside of form*)

Signature_____Date:_____

In addition, I authorize any necessary debit entries and/or adjustments for any credit entries in error. This authorization will remain in effect until the City has received written notification from me of its termination in such time to afford the City and Depository a reasonable opportunity to act.

Authorization to discontinue Direct Deposit

I hereby authorize the City of Aurora to discontinue the direct deposit of my payroll funds to:

Bank Name:_____

Primary ☐   Second ☐ Third ☐

Signature_____Date:_____

Revised 4/04

Primary (Net) Deposit (Code 2999)

Attach a voided "Personal Check" here:

(please check appropriate box)

Checking ☐ Savings ☐ Account Number: _____

Bank Name: _____

Routing Number:_____

Second Deposit (Code 2998)

Attach a voided "Personal Check" here:

Must be a fixed dollar amount. $_____

(please check appropriate box)

Checking ☐ Savings ☐ Account Number: _____

Bank Name: _____

Routing Number:_____

Third Deposit (Code 2997)

Attach a voided "Personal Check" here:

Must be a fixed dollar amount. $_____

(please check appropriate box)

Checking ☐ Savings ☐ Account Number: _____

Bank Name: _____

Routing Number:_____