



# Direct Deposit Employee Authorization Form

The authorization form gives the City of Grandview and your financial institution authority to deposit your pay to your account. All you need to do is:

1. Fill in your name, social security number and work phone number in the Employee Information section.
2. Check either your savings or checking account that funds will be deposited into and indicate if regular direct deposit or single deduction. Be sure to determine which pay date you wish the single transaction to occur (or both).
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution
4. Attach a voided check for verification of all financial institution information.
5. Please sign and date the bottom of the form.

## Employee Information

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

## Authorization for Direct Deposit

I authorize the City of Grandview to initiate electronic credit entries each pay period as directed to my:

Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Net Paycheck (regular direct deposit) <input type="checkbox"/> \$_____ single deduction <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> both
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If necessary, debit entries and adjustments for any credit entries in error to this account. I acknowledge that the origination of ACH transactions to my account and comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

## Direct Deposit Account Information

Financial Institutions Name: \_\_\_\_\_

Account Number at Financial Institutions: \_\_\_\_\_

Financial Institutions Routing/Transit Number: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

## Employee Authorization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please staple voided check to side of this page.

Cancellation of Direct Deposit

Signature \_\_\_\_\_

Date: \_\_\_\_\_