



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- FIRST TIME SET-UP
- CHANGE DIRECT DEPOSIT INFORMATION
- CANCEL DIRECT DEPOSIT

NAME: _____

Last 4 Digits of Social Security Number: _____

- Payroll uses account and routing numbers to electronically transfer payroll funds directly into your account(s).
- Failure to verify accuracy of account information with your financial institution may cause delays or improper transfers.

PLEASE COMPLETE YOUR BANK ROUTING INFORMATION BELOW:

ACCOUNT #1:

NAME OF FINANCIAL INSTITUTION: _____

- CHECKING NET PAY OR DEPOSIT AMOUNT: \$_____
- SAVINGS

Transit Routing Number (**must** be 9 digits): _____

Account Number: _____

ACCOUNT #2:

NAME OF FINANCIAL INSTITUTION: _____

- CHECKING DEPOSIT AMOUNT : \$_____
- SAVINGS

Transit Routing Number (**must** be 9 digits): _____

Account Number: _____

PLEASE ATTACH YOUR BANK INFORMATION:

- Checking Accounts: Pre-printed check. Please **do not** use starter checks or deposit slips. Write the word “VOID” on the check.
- Savings Accounts: Bank direct deposit form, written letter signed by your bank with the account and routing numbers, or a pre-printed deposit slip.

I authorize the City of Ypsilanti to initiate credits and/or corrections to previous credits to the financial institution(s) listed above. I understand this authorization will begin within two payroll cycles from receipt. This agreement will remain in effect until I give written notification to the City of Ypsilanti to change or terminate this authorization, or if I experience a break in service.

Signature

Date

TO BE COMPLETED BY THE PAYROLL TECHNICIAN:

DATE RECEIVED

DATE ENTERED

ENTERED BY

EMP ID#

PAY FREQUENCY