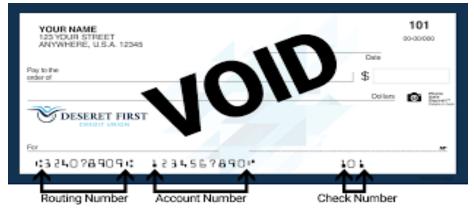


Payroll Direct Deposit Authorization Form



You must attach a voided check or bank letter for each account listed. Do not attach a deposit slip.

By completing and signing this form, I hereby:

- **authorize** the City of Urbana to initiate credit entries for biweekly payroll deposits and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the accounts listed below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authorization will remain in effect until I have informed my employer in writing that I wish to change or cancel it and my employer has had reasonable time to effect such changes or cancellations. I acknowledge that I will receive a paper check until new direct deposit accounts are validated with my financial institution(s). Direct deposit may take up to 48 hours from the time of transfer from the City's bank.
- **cancel** direct deposit of my paycheck completely. I acknowledge that I will receive paper checks that I am responsible for depositing/cashing.

Employee Name		Em	Employee Number		Effective Date	
Action	ABA/Routing Number	Account Numb	per Deposi	t Type	Acct. Type	
□Add			□Amount \$		□Checking	
□Change	Depository Name	□ □Percent _	%	□Savings		
Delete			□NET		□Other	
	-	Γ			Г	
Action	ABA/Routing Number	Account Numb	per Deposi	t Type	Acct. Type	
□Add			□Amount \$		□Checking	
□Change	Depository Name/City/State		□ Percent _	%	□Savings	
Delete					□Other	

See reverse to add more accounts and affix signature.

Return this form to Human Resources Revised 4.14.2022

Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
□Add			□Amount \$	□Checking
□Change	Depository Name/City/State		□Percent%	□Savings
Delete			□NET	□Other
Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
□Add			□Amount \$	□Checking
□Change	Depository Name/City/State		□Percent%	□Savings
Delete			□NET	□Other
		-	_	
Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
□Add			□Amount \$	□Checking
□Change	Depository Name/City/State		□Percent%	□Savings
Delete			□NET	□Other

□ I have attached a voided check or bank letter for each account listed.

Signature _____

Date Authorized _____

HUMAN RESOURCES/FINANCE USE ONLY							
Entered	Date	Verified	Date				