



# 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		Employee Number	Effective Date	
Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<b>Depository Name/City/State</b>		<input type="checkbox"/> Amount \$ _____	<input type="checkbox"/> Checking
			<input type="checkbox"/> Percent _____ %	<input type="checkbox"/> Savings
			<input type="checkbox"/> NET	<input type="checkbox"/> Other
Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<b>Depository Name/City/State</b>		<input type="checkbox"/> Amount \$ _____	<input type="checkbox"/> Checking
			<input type="checkbox"/> Percent _____ %	<input type="checkbox"/> Savings
			<input type="checkbox"/> NET	<input type="checkbox"/> Other

*See reverse to add more accounts and affix signature.*

**Return this form to Human Resources**

Revised 3.12.2024

Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete			<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> NET	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	<b>Depository Name/City/State</b>			

  

Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete			<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> NET	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	<b>Depository Name/City/State</b>			

  

Action	ABA/Routing Number	Account Number	Deposit Type	Acct. Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete			<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> NET	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	<b>Depository Name/City/State</b>			

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

Signature \_\_\_\_\_ Date Authorized \_\_\_\_\_

<i>HUMAN RESOURCES/FINANCE USE ONLY</i>			
Entered	Date	Verified	Date

**Return this form to Human Resources**  
Revised 3.12.2024