



City of Salinas

Direct Deposit Authorization

Name _____ SSN# _____

Dept _____ Daytime Phone # _____

INSTRUCTIONS:

- To start, change or cancel a direct deposit, complete this form. You may select either a checking or savings account.
- If you select a checking account, attach a voided or cancelled check. Please note **Deposit Slips are NOT acceptable.**
- If you select a savings account, attach a copy of the Direct Deposit Confirmation Form from your bank.
- If you are making a change to a new bank or changing an account, you will receive a check for the first pay period after the change is submitted. This is necessary in order to verify your account numbers.

ALL SECTIONS MUST BE COMPLETED TO BE PROCESSED

ACCOUNT INFORMATION

Check all that apply: Initial Direct Deposit Update Direct Deposit Cancel Direct Deposit

Account Type: Checking Savings

Financial Institution: _____

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Routing number

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Direct Deposit

- Will start, change or end on the second pay period after this authorization is received.
- Can be cancelled for the current pay period if payroll staff in the Finance office receives the completed form no later than Thursday before pay week.

Important Notice: Payroll must be completed by 3:00 pm the day prior to payday in order for funds to be deposited to your account on payday. In the unlikely event this deadline is not met, a paper check will be printed and disbursed to your department on payday. Please be sure your department has an updated phone number to notify you of the change.

I hereby authorize the City of Salinas to initiate deposits (credits) and/or corrections of deposits (credits) to the financial institution listed above.

Signature _____

Date _____

Finance Use only

Received by: _____

Date Received: _____

Processed by: _____

Date Processed: _____