

City of Monroe Direct Deposit Enrollment Authorization

Department: Enter department name

SECTION A -- TYPE OF ENROLLMENT ACTION

<input type="checkbox"/> NEW SECTIONS A, B, AND C MUST BE COMPLETED	<input type="checkbox"/> CHANGE SECTIONS A, B, AND C MUST BE COMPLETED <input type="checkbox"/> ADD SECTIONS A, B, AND C MUST BE COMPLETED	<input type="checkbox"/> CANCEL SECTIONS A, B, AND D MUST BE COMPLETED
--	---	---

SECTION B -- ACCOUNT INFORMATION - PLEASE ATTACH A VOIDED CHECK

TYPE OF ACCOUNT—MUST BE CHECKED. IF LEFT BLANK, WILL BE PROCESSED AS **CHECKING**

<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Amount: \$ <u>Enter dollar amount</u> Financial Institution Name: <u>Enter name of Bank or Credit Union</u> Account#: <u>Enter account number</u> ABA#: <u>Enter Bank Routing Number</u>
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Amount: \$ <u>Enter dollar amount</u> Financial Institution Name: <u>Enter name of Bank or Credit Union</u> Account#: <u>Enter account number</u> ABA#: <u>Enter Bank Routing Number</u>
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Amount: \$ <u>Enter dollar amount</u> Financial Institution Name: <u>Enter name of Bank or Credit Union</u> Account#: <u>Enter account number</u> ABA#: <u>Enter Bank Routing Number</u>

SECTION C -- AUTHORIZATION

I authorize my employer to deposit my net pay each payday directly into my account, and to initiate (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to my employer to terminate this service.

Employee Name: Type Employee Name

Employee Signature: _____

Date: Enter date

SECTION D—CANCELLATION

I hereby cancel my direct deposit authorization

Employee Signature: _____ **Date:** Enter date

Employee Name: Type Employee Name

Please return this form to The Human Resources Department.