



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Department: _____ Phone #: _____

Please check the following which apply:

- New** direct deposit (*no previous direct deposits set up*)⁺
- In addition** to existing direct deposit.⁺
- Change** in existing direct deposit. (*list account and/or deposit amount changes below*)⁺
- Delete** account: # _____
- STOP** direct deposit

+ One payroll cycle needed to "prenote" the additional information. PRENOTE = PAPER CHECK THE FIRST TIME

Financial Institution #1: _____

Address: _____

Account Type: Savings Checking

Routing Number: _____ Account Number: _____

Deposit Amount: Net Check or \$ _____

Financial Institution #2: _____

Address: _____

Account Type: Savings Checking

Routing Number: _____ Account Number: _____

Deposit Amount: Net Check or \$ _____

Please attach a voided check or photocopy or printout from your financial institution to this document

NO DIRECT DEPOSIT WILL BE SET UP UNTIL WE RECEIVE A VOIDED CHECK* OR A PRINTOUT

WITH YOUR ACCOUNT NUMBER AND ROUTING NUMBER FROM YOUR FINANCIAL INSTITUTION(S).

***Deposit slips will not be accepted.**

I authorize the City of Missoula and the financial institution(s) listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account each payday; and verification that the account information is correct and active. This authorization will remain in effect until I have cancelled it in writing.

Signature: _____ Date: _____