

DIRECT DEPOSIT AUTHORIZATION FORM

I, (Employee Name), hereby

- authorize** the City of San Bruno ("City") to deposit my net salary by electronic funds transfer (EFT) into the following account(s) each pay period until this authorization is revoked. I also authorize the City to take back any EFT deposit made in error and to either correct and reissue the EFT deposit, or issue a check to me for the correct amount. You may elect up to four (4) accounts at any time.
- revise** direct deposit bank account(s) as indicated below. You may elect up to four (4) accounts at any time.
- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the City has received written notification from me or authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

ACCOUNT 1 { } Checkings { } Savings

Bank Name

Routing/Transit Number

Account Number

Amount to Deposit

% Or \$ Or Balance of Net

ACCOUNT 2 { } Checkings { } Savings

Bank Name

Routing/Transit Number

Account Number

Amount to Deposit

% Or \$ Or Balance of Net

ACCOUNT 3 { } Checkings { } Savings

Bank Name

Routing/Transit Number

Account Number

Amount to Deposit

% Or \$ Or Balance of Net

ACCOUNT 4

Bank Name

Routing/Transit Number

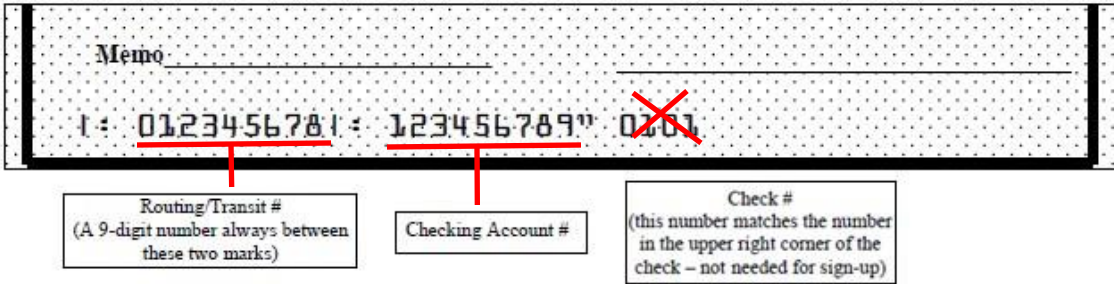
Account Number

Amount to Deposit

% Or \$ Or Balance of Net

Please attached a voided check in this space

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All changes go through a pre-note process and may take up to 4 weeks to go into effect. This authorization is to remain in full force and effect until the City has received written notice from me of its termination in such time and in such manner as to afford the City and Bank reasonable opportunity to act on it.

Employee Signature Date