

PAYROLL DIRECT DEPOSIT AUTHORIZATION					
				Add/Change/Delete existing direct deposits	
				Stop all direct deposit eff	fective:
Employee Name (Last, First, M.I.)					Phone #
Action	Priority #	Bank ID Number	Account Number	Deposit Type	Account Type
	(e.g.1,2,3)	Routing&Transit	(9 digits)		
		(9 diaits)			
☐ Add				Amount \$	Checking
☐ Change				Percent %	Savings
□ Delete				☐ Balance	Other
Effective Date		Financial Institution (Name, City	, State)		
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Action	Priority #	Bank ID Number	Account Number	Deposit Type	Account Type
	(e.g.1,2,3)	Routing&Transit	(9 digits)		
		(9 diaits)			— 01 11
Add				Amount \$	Checking
Change				Percent %	Savings
Delete		E	2:)	■ Balance	Other
Effective Date		Financial Institution (Name, City, State)			
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Action	Priority # (e.g.1,2,3)	Bank ID Number	Account Number	Deposit Type	Account Type
	(0.9.1,2,0)	Routing&Transit	(9 digits)		
☐ Add		(9 digits)		☐ Amount \$	☐ Checking
				Percent %	-
☐ Change					Savings
Delete Effective Date		Financial Institution (Name City	(State)	☐ Balance	Other
Lifective Date		Financial Institution (Name, City, State)			
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*Adding a new direct deposit or changing account type, bank identification number or account number requires a prenote to be sent to the bank before the add or change becomes affective. A prenote sends your account type, bank ID and account number to the bank to assure the accuracy of the numbers. Changes should be effective 5 to 15 days after the agency enters the direct deposit in the payroll system. You may receive checks until the prenoting process is complete.

(NOTE: DO NOT ATTACH THE DEPOSIT SLIP IF IT DOES NOT HAVE A PRE-PRINTED BANK AND ACCOUNT NUMBERS.)

I hereby authorize my employer, THE CITY OF ALLEGAN and my financial institutions indicated above, to initiate electronic credit entries (direct deposit) of the amounts I designated and if necessary, debit entries and adjustments for any credit entries made in error to my accounts as I indicated above. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued. This authority is to remain in full force and effect until the EMPLOYER has received written notice from me, the EMPLOYEE, of its termination in such time and manner as to afford the EMPLOYER a reasonable opportunity to act on it.

Employee Signature	Date
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