Town of Chino Valley

Payroll Direct Deposit Authorization Form

(Please Type or Print)

_____   _____

Last 4 of Social Security #   *Employee Name (Last Name, First Name)*

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for you next pay date*. We suggest leaving your old account open until deposit to your new account has occurred.

Complete the account designation boxes including routing and account numbers, and attach the following *required* documentation (direct deposit will not begin until appropriate documentation is received)

☐   Checking Account: Attach a voided check, or bank direct deposit form*
☐   Savings Account: Attach documentation from financial institution*

☐   New Employee Set-up
☐   Continuing Employee Change (i.e. change account #, Change financial institution, change percentage of net pay or $ amounts, drop or add financial institution). If change of account number/ bank – verify old account still active until direct deposit takes effect. _____ (initials) _____ (date)
☐   Cancel Direct Deposit on the payday of _____ (Select banks to stop below)

IMPORTANT: Enter all financial institutions to which you are depositing funds, even if only one is changing. Enter the lowest % or $ amount first and the highest % or $ amount last. This form overrides (replaces) all prior designations.

<u>Account #1</u>   ☐ Checking   ☐ Savings   ☐ Cancel

Bank Name: _____
Bank Address: _____
Routing # (9 digits): _____   Account # _____
Requested amount for this account: (select one)
☐   % Net Pay _____ 0%   ☐ Specific $ Amount _____   ☐ Entire Balance

<u>Account #2</u>   ☐ Checking   ☐ Savings   ☐ Cancel

Bank Name: _____
Bank Address: _____
Routing # (9 digits): _____   Account # _____
Requested amount for this account: (select one)
☐   % Net Pay _____ 0%   ☐ Specific $ Amount _____   ☐ Entire Balance

<u>Account #3</u>   ☐ Checking   ☐ Savings   ☐ Cancel

Bank Name: _____
Bank Address: _____
Routing # (9 digits): _____   Account # _____
Requested amount for this account: (select one)
☐   Remaining Balance

Authorization Agreement: I hereby authorize the Town of Chino Valley to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s) I authorize my bank(s) and the Town of Chino Valley to make the appropriate adjustment(s).

Employee Signature: _____   Date: _____

*Direct Deposit will take effect approximately two paydays after you have submitted your form.