



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*

<input type="checkbox"/>	New Employee Set-up
<input type="checkbox"/>	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)
<input type="checkbox"/>	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>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel
Bank Name: _____			
Bank Address: _____			
Routing # (9 digits): _____		Account # _____	
Requested amount for this account: (select one)			
<input type="checkbox"/>	% Net Pay _____ 0%	<input type="checkbox"/>	Specific \$ Amount _____ <input type="checkbox"/> Entire Balance

<u>Account #2</u>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel
Bank Name: _____			
Bank Address: _____			
Routing # (9 digits): _____		Account # _____	
Requested amount for this account: (select one)			
<input type="checkbox"/>	% Net Pay _____ 0%	<input type="checkbox"/>	Specific \$ Amount _____ <input type="checkbox"/> Entire Balance

<u>Account #3</u>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel
Bank Name: _____			
Bank Address: _____			
Routing # (9 digits): _____		Account # _____	
Requested amount for this account: (select one)			
<input type="checkbox"/> 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.**