



**CITY OF PETALUMA  
HUMAN RESOURCES  
Finance Direct Deposit Form**

Today's Date: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Pay Voucher emailed to: \_\_\_\_\_  
(circle one) City or home email address

**Action requested:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

- New Enrollment**     
  **Add a new allotment**     
  **Change Amount to Existing Account**     
  **Change in Financial Institution**     
  **Change in allotment**     
  **Cancel allotment**

**Distribution Information:**

Financial Institution	Bank Routing Number	New Account Number	Dollar Amount or Net Pay	Checking or Savings?
#1 _____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____
#3 _____	_____	_____	_____	_____

**Instructions:**

- You must attach a voided check for checking accounts in order for accurate and timely processing.**
- The direct deposit procedures call for a "trial" run first, crediting your bank account with a "zero" amount. Please allow two (2) full pay periods for your request to be fulfilled.
- You are allowed up to three (3) distributions for your paycheck. If you choose more than one allotment or distribution, please indicate specific dollar amounts for each financial institution, with the "balance" of your paycheck going to the last institution. If you want just one (1) account, indicate "all" in the dollar amount or net pay column.
- This authorization will remain in effect until canceled by you in writing.

If you have any questions regarding this form, contact Payroll at 778-4353. Please sign and date below, which authorizes your request as written above.

I understand that a new direct deposit form will need to be completed if I change or close my account(s) or change my financial institutions(s).

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: