



**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:

1. **You must attach a voided check for checking accounts in order for accurate and timely processing.**
2. 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.
3. 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.
4. This authorization will remain in effect until cancelled by you in writing.
5. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date. If funds to which I am not entitled are deposited into my account, I understand and agree that those funds will need to be returned to the City.

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: