



**CITY OF SAN RAFAEL**  
**PAYROLL AUTHORIZATION**  
**ELECTRONIC DEPOSIT**

I hereby authorized the City of San Rafael to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account.

This authority is to remain in full force and effect until either I revoke it by giving ten days prior written notice. *Please sign and complete the following sections.*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Employee #*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
Financial Institution (Bank, S&L, Credit Union)

\_\_\_\_\_  
Account number

Checking or Savings / Choose Account Type - (Please circle)

Effective Date:

Start \_\_\_\_\_

Change \_\_\_\_\_

Cancel \_\_\_\_\_

**Attachments (REQUIRED)**

- **Checking** - “voided” check (no checking deposit slips will be accepted)
- **Savings** - deposit slip

Please allow two pay period for Direct Deposit to become effective