



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:

Choose Account Type: Checking Savings

Effective Date

Start: Change: Cancel:

Attachments (REQUIRED)

Checking - "voided" check (no checking deposit slips will be accepted)

Savings - deposit slip

PLEASE ALLOW TWO PAY PERIODS
FOR DIRECT DEPOSIT TO BECOME EFFECTIVE