**PAYROLL DIRECT DEPOSIT AUTHORIZATION** **Employee ID _____**

**Employee Name** _____
**(Please Print)** **Last** **First** **MI**

I authorize, hereinafter called CITY OF STUART, to direct deposit the net amount of each of my paychecks and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to the bank (or other financial institution), hereinafter called BANK, and account indicated below. This authority is to remain in full force and effect until CITY OF STUART has received written notification from me of its termination in such time and in such manner as to afford CITY OF STUART and BANK a reasonable opportunity to act on it. I understand that the CITY OF STUART will not be responsible for delays, which may occur within the banking system.

To acknowledge the direct deposit of my net pay, I understand that the CITY OF STUART will forward to me a pay stub reflecting my withholdings; deductions and net pay for each pay period.

IMPORTANT NOTE: This authorization will not be fully implemented until the second paycycle following your request. On the first paycycle, the City will send a "pre-note" notification to the financial institution, which is a zero-dollar test run to ensure the arrangement you desire will work effectively; therefore, the amount you want direct deposited will be in the form of an actual check and/or amount paid to you on that first paycycle. Open your paystub upon arrival because it will be a real check. On the following paycycle, this authorization will be in effect.

**REQUIRED: For each account entry, a blank VOIDED check or letter from the bank MUST be attached**

**Employee Signature:**_____**Date**_____/_____/_____

**Direct Deposit Information #1** **BANK CODE:** _____
*(Payroll Use Only)*

Bank Name_____ Account Type (**Check One**) Checking _____ or Savings_____

Type of Direct Deposit (**Check One**) _____ Net Pay, or (_____%) of Net Pay, or $_____ Fixed Dollar Amount of Net Pay

**Transit (ABA) No.**_____ **Your Account No.** _____

Please specify effective date below:

**Effective Date** _____/_____/_____ **START** **STOP** **CHANGE** **(circle one)**

**Direct Deposit Information #2** **BANK CODE:** _____
*(Payroll Use Only)*

Bank Name_____ Account Type (**Check One**) Checking _____ or Savings_____

Type of Direct Deposit (**Check One**) _____ Net Pay, or (_____%) of Net Pay, or $_____ Fixed Dollar Amount of Net Pay

**Transit (ABA) No.**_____ **Your Account No.** _____

Please specify effective date below:

**Effective Date** _____/_____/_____ **START** **STOP** **CHANGE** **(circle one)**

**Direct Deposit Information #3** **BANK CODE:** _____
*(Payroll Use Only)*

Bank Name_____ Account Type (**Check One**) Checking _____ or Savings_____

Type of Direct Deposit (**Check One**) _____ Net Pay, or (_____%) of Net Pay, or $_____ Fixed Dollar Amount of Net Pay

**Transit (ABA) No.**_____ **Your Account No.** _____

Please specify effective date below:

**Effective Date** _____/_____/_____ **START** **STOP** **CHANGE** **(circle one)**