


IDAHO FALLS
Direct Deposit Authorization Form

Select one:

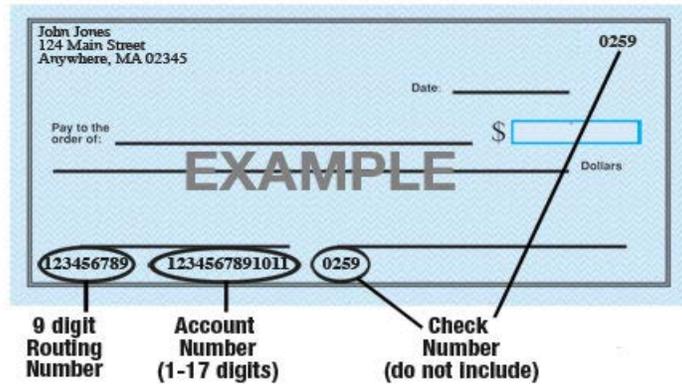
- Start New Direct Deposit
- Change Current Direct Deposit
- Stop Current Direct Deposit

Name: _____

Cost Code/Depart: _____

Address: _____

City, State, Zip: _____



Name of Bank #1: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: **Checking** **Savings** *(Circle One)*

When splitting a paycheck into two accounts, this must be a dollar amount to Bank #2 and the remaining will go to Bank #1.

Bank #2 only required if splitting paycheck into two accounts.

Name of Bank #2: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: **Checking** **Savings** *(Circle One)*

Amount to Deposit into Bank #2: \$ _____ **(Dollar amount only)**

Please attach a voided check(s) or a direct deposit form(s) from your bank for the account to which funds should be deposited.

The City of Idaho Falls is hereby authorized to directly deposit my pay to the accounts listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____