



# Direct Deposit Authorization Form

**Select one:**

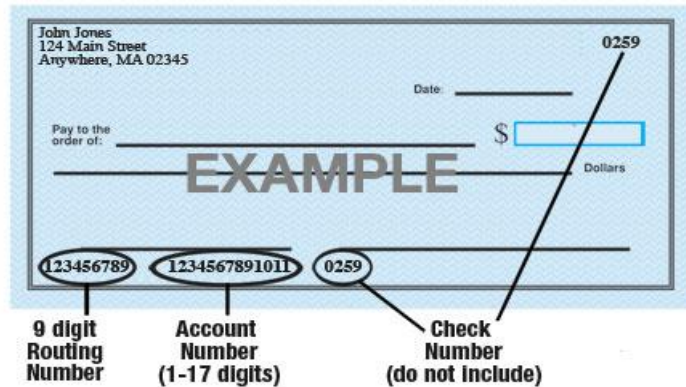
- Start New Direct Deposit
- Stop Current Direct Deposit
- Change Current Direct Deposit
- Decline Direct Deposit

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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 into the accounts listed and will send a copy of my pay stub to the email that is provided on this document. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_