

**Payroll Direct Deposit Authorization Form**

Name: Last, First, Middle Initial	Employee Number(6 digits)
Department	Work Telephone number

ACTION: Start _____ Change _____ Cancel _____

Indicate the financial institutions to directly deposit your net pay below.

***ATTACH A VOID CHECK OR A BANK ROUTING FORM FOR EACH ACCOUNT.**

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	

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Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	and <input type="checkbox"/> receive a check in the mail.

I authorize Municipal Building Commission and the financial institution(s) named above to automatically deposit my net pay into my account(s) as directed by my selection above. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it.

Signature_____
Date