



CITY OF EAST POINT
DIRECT DEPOSIT ENROLLMENT FORM
Employee Authorization

I authorize the City of East Point to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If three accounts are designated deposits are to be made in whole percentages of pay to total 100 %.) I have attached a voided personalized check (checking accounts) or deposit slip (saving accounts) for each account specified below. This authorization is to remain in force until the City has received written authorization from me requesting a termination of change. Also, I hereby grant the City the right to correct any such electronic funds transfer resulting from an erroneous overpayment debiting my account to the extent of such overpayment.

New accounts require a ten (10) day pre-note period for validation of account numbers. If replacing a current full direct deposit, a live check will be issued until the pre-note period is completed.

NAME (PRINT): Social Security Number: / /
Phone Number:
Signature: Date:

Account #1 (Check Only One)

Checking (attach a voided check) Savings (attach a bank deposit slip) Cancel Direct Deposit

Bank Name: Bank Location:

Transit/Routing (ABA) Number

Grid for ABA number

Account Number at Financial Institution

Grid for account number

Amount of pay to be deposited into this account \$ or Full amount

Account #2 (Check Only One)

Checking (attach a voided check) Savings (attach a bank deposit slip) Cancel Direct Deposit

Bank Name: Bank Location:

Transit/Routing (ABA) Number

Grid for ABA number

Account Number at Financial Institution

Grid for account number

Amount of pay to be deposited into this account \$ or Full amount

Account #3 (Check Only One)

Checking (attach a voided check) Savings (attach a bank deposit slip) Cancel Direct Deposit

Bank Name: Bank Location:

Transit/Routing (ABA) Number

Grid for ABA number

Account Number at Financial Institution

Grid for account number

Amount of pay to be deposited into this account \$ or Full amount