# AUTHORIZATION FOR DIRECT DEPOSIT

The Direct Deposit Program will enable you to have your pay automatically deposited into your checking or savings account.

Please fill in the following information, attach a cancelled or voided personal check, sign and return this form to the Finance Department. **Please allow 4 to 6 weeks for your direct deposit to start.**

_____ _____ _____
Employee's Last Name First Middle Initial

Name: _____
Financial Institution

Address:_____
No. Street City State Zip

Account No.: _____ Account Type ☐ Checking (Net) $_____

Transit No.: _____ ☐ Savings (Net) $_____

If you wish your check to be allocated to a second financial institution, please fill out this additional data.

Name: _____
Financial Institution

Address:_____
No. Street City State Zip

Account No.: _____ Account Type ☐ Checking (Net) $_____

Transit No.: _____ ☐ Savings (Net) $_____

If you wish your check to be allocated to a third financial institution, please fill out this additional data.

Name: _____
Financial Institution

Address:_____
No. Street City State Zip

Account No.: _____ Account Type ☐ Checking (Net) $_____

Transit No.: _____ ☐ Savings (Net) $_____

I hereby authorize the City of Alameda to initiate deposits (credit) and/or corrections to the previous credits to the financial institution indicated above. This institution is authorized to credit and/or correct the amounts to my account. The authority is to remain in full force and effect until either I revoke it by giving 30 days prior written notice to the employer listed above, or upon termination of my employment with such employer.

_____ _____ _____
Employee's Signature Social Security No. Date