



CITY OF STAFFORD

Payroll Direct Deposit Authorization Form

EMPLOYEE INFORMATION	
Employee Name: _____	Department: _____
(Please print legibly to avoid delays)	

NEW CHECKING or SAVINGS ACCOUNT-attach voided check or letter from banking institution with routing and account #.

ACCOUNT DETAILS <i>(MAX OF THREE ACCOUNTS)</i>		Accounts: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <i>The first account will be referred to as your Primary account</i>	START DATE: _____/_____/_____ <i>(Applies to all changes)</i>
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank ABA/ Routing <input type="text"/>	PERCENT: _____% OR AMOUNT: \$_____
		Account Number: _____	CHANGE AMOUNT: From \$_____ To \$_____
		Financial Institution: _____	
<input type="checkbox"/> Stop	Acct # _____ (last 4 digits)	Financial Institution: _____	

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		Financial Institution: _____	
<input type="checkbox"/> Stop	Acct # _____ (last 4 digits)	Financial Institution: _____	

I hereby grant permission to the City of Stafford to electronically transfer my bi-weekly payroll to the bank institution and account number(s) listed above and send a copy of the pay stub.

Employee Signature: _____

Date: _____/_____/_____

*****Please return completed form to HR Department*****