CITY OF SACRAMENTO
EMPLOYEE ELECTRONIC PAYROLL DEPOSIT AUTHORIZATION

[ ] ENROLLMENT [ ] CHANGE [ ] CANCELLATION

Complete this form to enroll in the employee electronic payroll deposit program.

Please print the following information clearly.

SS#  EMP. ID#

YOUR NAME:
First Name  MI  Last Name  Phone #

YOUR FINANCIAL INSTITUTION (Bank, Savings and Loan, Credit Union)

INSTITUTION NAME:

ACCOUNT TYPE: [ ] For a checking account, enter C. Attach a voided check for that account to this form.
For a savings account, enter S. Attach a voided deposit slip for that account to this form.

ACCOUNT NUMBER:

ROUTING NUMBER:

FLAT AMOUNT:  OR  PERCENTAGE:

INSTITUTION NAME:

ACCOUNT TYPE: [ ] For a checking account, enter C. Attach a voided check for that account to this form.
For a savings account, enter S. Attach a voided deposit slip for that account to this form.

ACCOUNT NUMBER:

ROUTING NUMBER:

FLAT AMOUNT:  OR  PERCENTAGE:

I hereby authorize the City of Sacramento to initiate deposits (credits) and/or corrections to the previous deposits to the institutions indicated above. The financial institution is authorized to credit and/or correct the amounts to my account. This authorization is to remain in effect until I revoke it by giving 20 days prior notice or by terminating employment with the City of Sacramento.

Employee Signature  Date

Forward completed form with attachments to:
PAYROLL SECTION, ACCOUNTING DIVISION
City Hall  915 I Street, 4th Floor
Sacramento CA  95814

MAIL CODE  09620
Phone Number  808-5495
Fax Number  808-5444