City of SACRAMENTO Finance Department

CITY OF SACRAMENTO

EMPLOYEE PAYROLL DEPOSIT AUTHORIZATION

This form is to be used for in-person drop off only. If you like to submit the request electronically, please contact your department's PAR personnel.

ENROLLMENT ☐ **CHANGE** ☐ **CANCELLATION** ☐

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

Please print the following information clearly.

Employee ID # ☐☐☐☐☐ **SSN #** ☐☐☐ ☐☐ ☐☐☐☐

Employee Name: _____

First Name MI Last Name

Two accounts MAXIMUM.

Primary Account (100%, or 50% or more if selecting secondary account)

FINANCIAL INSTITUTION: _____

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 deposit slip for that account to this form.**

ACCOUNT NUMBER:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ROUTING NUMBER:

☐☐☐☐☐☐☐☐☐

FLAT AMOUNT ☐ **OR** **PERCENTAGE** ☐

Secondary Account (50% or less based on selection in primary account)

FINANCIAL INSTITUTION: _____

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 deposit slip for that account to this form.**

ACCOUNT NUMBER:

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ROUTING NUMBER:

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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**

Drop-off completed form with attachments, as applicable, to:

Payroll Division
915 I Street, 4th Floor, Sacramento, CA 95814
Phone: (916)808-5495