

DIRECT DEPOSIT AUTHORIZATION

I authorize the City of Salem and the financial institution(s) listed below to deposit my paycheck automatically to my account(s) each payday. If funds to which I am not entitled are deposited to my account(s), I authorize the City of Salem to direct the financial institution(s) to return said funds. This authority will remain in effect until I have cancelled it in writing. **NOTE: First check following effective date will not be direct deposit due to pre-notification to the financial institution(s).**

It is the employee's responsibility to contact payroll before closing an account.

Please choose ONE of the following options:

A) ONE ACCOUNT

Net pay check will be deposited to the following account

Financial Institution _____	Routing Number _____	Account Number _____	Checking or Savings _____	Dollar Amount _____
				NET PAY _____

B) MULTIPLE ACCOUNTS

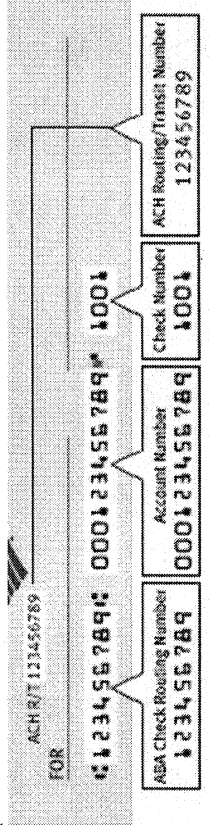
The funds will be deposited in the different bank accounts by priority as listed below

	Financial Institution	Routing Number	Account Number	Checking or Savings	Dollar Amount	or Percent
1)	_____	_____	_____	_____	_____	_____%
2)	_____	_____	_____	_____	_____	_____%
3)	_____	_____	_____	_____	_____	_____%

I want this information to be effective on _____ (Pay Period Ending Date)

Employee Name _____ Signature _____
 (Print) Department _____ Date _____

**PLEASE ATTACH A VOIDED CHECK FOR EACH OF THE ACCOUNTS LISTED ABOVE
 (DEPOSIT SLIPS CAN HAVE THE WRONG ROUTING NUMBER)**



AUTHORIZATION TO STOP DIRECT DEPOSIT

I authorized the City of Salem to stop direct deposit of my paycheck to my account(s) each payday.
It is the employee's responsibility to contact payroll before closing an account.

Please choose **ONE** of the following options:

CANCEL EXISTING ACCOUNT AND ISSUE A REGULAR PAY CHECK (For employees with only one account)
A regular paycheck for the NET PAY amount will be issued.

Financial Institution _____	Routing Number _____	Account Number _____	Checking or Savings _____
			Dollar Amount _____
			NET PAY _____

CANCEL EXISTING ACCOUNT(S) (For employees with multiple accounts)
 If all accounts are deleted, a regular paycheck will be issued.
Account(s) listed will be deleted as of the effective date. NOTE: If setting up new accounts, please complete a direct deposit authorization form as well.

Financial Institution	Routing Number	Account Number	Checking or Savings	Dollar Amount	or Percent
_____	_____	_____	_____	_____	%
_____	_____	_____	_____	_____	%
_____	_____	_____	_____	_____	%

I want this information to be effective on _____
 (Pay Period Ending Date)

Employee Name _____ (Print) _____ Signature _____

Employee # _____ Department _____ Date _____