

City of Cupertino

DIRECT DEPOSIT AUTHORIZATION

Name _____ Employee # _____

New Change Cancellation Date _____

PLEASE DEPOSIT MY WAGES EACH PAY PERIOD TO MY BANK ACCOUNT(S) AT THE FOLLOWING FINANCIAL INSTITUTION(S):

Financial Institution Name _____

Checking Savings

Account # _____

Routing # _____

AMOUNT \$ _____

Checking Savings

Account # _____

Routing # _____

AMOUNT \$ _____

NOTE: YOU MUST ATTACH A CURRENT VOIDED CHECK FOR DEPOSIT TO YOUR CHECKING ACCOUNT OR A SAVINGS ACCOUNT DEPOSIT SLIP.

I hereby authorize: (1) the City of Cupertino to deposit my wages via electronic transfer of funds, and to initiate, if necessary debit entries and adjustments for any credit entries in error; (2) my financial institution to credit my wages to my account. This authorization will remain in effect until canceled by the Administrative Services Department.

Employee Signature

Date