

AUTHORIZATION FOR DIRECT DEPOSIT

Name	
Department/Division	HR/ Pension



Attach a voided check or savings deposit form for each account
Routing numbers that start with the number 5 cannot be used



<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Name of Financial Institution: _____

<input type="checkbox"/> Checking	Routing #	<input type="checkbox"/> Net Check
Savings	Account #	Dollar Amount \$

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Name of Financial Institution: _____

<input type="checkbox"/> Checking	Routing #	Net Check
<input type="checkbox"/> Savings	Account #	<input type="checkbox"/> Dollar Amount \$

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Name of Financial Institution: _____

<input type="checkbox"/> Checking	Routing #	<input type="checkbox"/> Net Check
<input type="checkbox"/> Savings	Account #	<input type="checkbox"/> Dollar Amount \$

For additional accounts, please attach additional forms

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I elect direct deposit. I hereby authorize the City of Vancouver to direct deposit my pay to the institution(s) I have listed. The City is authorized to make any necessary corrections for debit or credit information. In the event that the City deposits erroneously into my account, I authorize the City to debit my account for an amount not to exceed the original amount of the erroneous credit.
The City shall bear no responsibility for failure to deposit funds as outlined above, provided a bearer instrument (check) is given in lieu of direct deposit.

Signature _____

Date _____