CITY OF SEATTLE

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF SALARY

I, _____ am an active employee of the City of Seattle. I would like to participate in the City of Seattle automatic "direct deposit" program. I authorize the City of Seattle to deposit ☐ / change the deposit ☐ of my net pay or portion thereof as indicated below on each pay date in the financial institution as shown on the voided blank deposit slip or document from my financial institution. I am allowed to have a maximum of two Direct Deposit Accounts. If the fund(s) to which I am not entitled are deposited to my account(s), I authorize City of Seattle to direct the bank to return said fund(s) to City of Seattle. I understand that if a debit is made, I will be notified as soon as practical.

NEW ACCOUNT SET UP **Action:** ☐ **ADD**

Bank Transit #: _____ (Must be 9 digits) **Account #:** _____ **Account Type:** _____ (Checking X; Savings Y) **Amount** _____ (Partial Deposit Only)

Bank Transit #: _____ (Must be 9 digits) **Account #:** _____ **Account Type:** _____ (Checking X; Savings Y) **Amount** _____ (Partial Deposit Only)

EXISTING ACCOUNT SET UP **Action:** ☐ **CHANGE** ☐ **DELETE**

Bank Transit #: _____ (Must be 9 digits) **Account #:** _____ **Account Type:** _____ (Checking X; Savings Y) **Amount** _____ (Partial Deposit Only)

Bank Transit #: _____ (Must be 9 digits) **Account #:** _____ **Account Type:** _____ (Checking X; Savings Y) **Amount** _____ (Partial Deposit Only)

The deposits will become effective after a waiting period of at least one pay cycle. It will continue on each pay day until I order the "direct deposits" to be stopped and the City can put my stop order into effect. Upon termination of my employment, the City of Seattle will delete my direct deposit account(s).

I am attaching a copy of my voided blank deposit slip OR a document from my financial instituation to identify the name of my financial institution and my account number. I have marked "Voided" on the said documents so they will be used only for verification purpose. If the bank routing number (the number in lower left hand corner of the blank check or deposit slip) **begins with a 0, 2 or 5**, I will check with my financial institution to determine if it can receive direct deposits through the Automatic Clearing House direct deposit system.

To prevent any delay in stopping my direct deposits due to suspected fraudulent actitivities in my account, I will immediately notify my payroll staff to change or delete my account information from the payroll system.

Employee Signature: _____ **Date:** _____

Employee Name _____ **Employee ID:** _____

Department Name: SPD **Department ID:** _____

****ATTACHED IS MY VOIDED DEPOSIT SLIP OR DOCUMENT WITH MY ACCOUNT INFORMATION FOR VERFICATION PURPOSE****