

Attach Voided Check here:

CITY OF SANTA CLARITA

Payroll Direct Deposit Authorization Form

EMPLOYEE NAME:	
Department:	
I hereby authorize direct deposit of my payroll of	check to the bank and accounts specified below.
DEPOSIT #1	
CHECKING or SAVINGS (circle one)	
Bank Name:	Routing Number
Account Number: Amount:	Such as all or specify amount
DEPOSIT #2	
CHECKING or SAVINGS (circle one)	
Bank Name:	Routing Number
Account Number: Amount:	Such as all or specify amount
Your Name Your Address DATE	such as an or speerly amount
Your Bank Name MEMO	
9 Digit Routing Number Your Account Number Check Number THIS AUTHORIZATION WILL REMAIN IN IN WRITING.	EFFECT UNTIL I RESCIND THE REQUEST
Signature	Date
***NOTE: IT TAKES (2) COMPLETE PAY DEPOSIT TO BE ACTIVE ***	YROLL CYCLES FOR YOUR DIRECT