



CITY OF SANTA CLARITA

Payroll Direct Deposit Authorization Form

EMPLOYEE NAME: _____

Department: _____

I hereby authorize direct deposit of my payroll check to the bank and accounts specified below.

DEPOSIT #1

CHECKING or SAVINGS (circle one)

Bank Name: _____ Routing Number _____

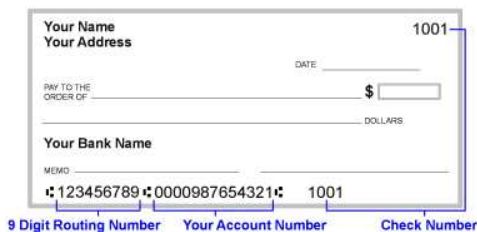
Account Number: _____ Amount: _____
Such as all or specify amount

DEPOSIT #2

CHECKING or SAVINGS (circle one)

Bank Name: _____ Routing Number _____

Account Number: _____ Amount: _____
Such as all or specify amount



THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I RESCIND THE REQUEST IN WRITING.

Signature

Date

*****NOTE: IT TAKES (2) COMPLETE PAYROLL CYCLES FOR YOUR DIRECT DEPOSIT TO BE ACTIVE *****

Attach Voided Check here: