DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM

Effective Date:_____

A Voided Check (NOT a Deposit Slip) or some other documentation of account number and routing number must be attached for EACH new account or this form will not be processed.

EMPLOYEE NAME:_____ EMPLOYEE # _____

DESIGNATION OF ACCOUNT(S) (one account must be designated to receive "net" pay):
(if one account is replacing another, please also list the account that is being replaced with type of change as "terminate account" and be sure to answer the question below)

	FINANCIAL INSTITUTION	ACCOUNT NUMBER	ACCOUNT TYPE Checking or Savings	AMOUNT	CHANGE New Acct.* or Change Amt. or Terminate Acct.
1)					
2)					
3)					
4)					
5)					
6)					

*CONTINUE EXISTING ACCOUNT DURING PRENOTE OF NEW ACCT?

☐ YES ☐ NO

(MUST BE ANSWERED IF REPLACING AN ACCOUNT)

(Please call Human Resources or talk to your Payroll Clerk if you need clarification on the above question.)

I authorize the City of Lynchburg to credit automatically the designated amount(s) to my deposit account(s) at the Financial Institution(s) indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the City of Lynchburg to direct the Financial Institution(s) to return said funds. This Direct Deposit Authorization is to remain in full force and effect until I notify the City of Lynchburg in writing of a change in my Financial Institution(s) or upon termination of my employment so as to afford the City of Lynchburg and Depository reasonable time to act on it.

Employee Signature:_____ **Date:**_____

Return to Human Resources Department by 5:00 pm on the Friday after pay day.

SEE REVERSE FOR MORE INFORMATION

PAYROLL USE ONLY: Date Received:_____ Date Processed:_____ Processed By:_____ Bank Code:
1. ☐☐☐☐
2. ☐☐☐☐
3. ☐☐☐☐