CITY OF CORAL GABLES

DIRECT DEPOSIT (ACH) AUTHORIZATION

(DO NOT FILL OUT THIS FORM TO REQUEST CREDIT UNION DEDUCTIONS)

The City of Coral Gables Direct Deposit Authorization form must be completed by the employee/payee for direct deposits of his/her paycheck into a designated financial institution(s). **Employees must print clearly and attach a voided check or deposit slip (if not a checking account) to this authorization request.** Employees may select to deposit funds into more than one account. This form must be submitted to the Human Resources Department. Direct deposit requests take approximately one full pay cycle to become effective.

PLEASE PRINT

Employee Last Name	Employee First Name	
Social Security Number	Employee Number	Telephone Number

FINANCIAL INSTITUTION INFORMATION

Primary Account Name			Telephone Number	
Account Number			Routing/Transit Number	
Account Type (select one)	◯ Checking		◯ Savings	
Direct Deposit Action Requested (select one)	Start ◯	Change ◯	Stop ◯	Amount to be deposited: $ _____
Secondary Account Name			Telephone Number	
Account Number			Routing/Transit Number	
Account Type (select one)	◯ Checking		◯ Savings	
Direct Deposit Action Requested (select one)	Start ◯	Change ◯	Stop ◯	Amount to be deposited: $ _____

In lieu of issuing a paycheck directly to me each payday, I hereby authorize the City to automatically deposit the net proceeds and/or a fixed amount as indicated above from said wages directly to the account(s) which I maintain at the Financial Institutions listed on this Direct Deposit Authorization Form.

I hereby authorize and request the City of Coral Gables to make adjustments from future paychecks and/or initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account as designated herein.

If any such deposits are made to my account to which I am not entitled for any reason, I hereby authorize and direct said Financial Institution to refund the same to the City, upon the request of the City, and charge the amount refunded to my account.

_____	_____	_____
Print Name	Employee Signature	Date

FOR INTERNAL USE ONLY

Primary Account		Secondary Account	
Active Date	End Date	Active Date	End Date
Human Resources Processor:		Date Entered:	

Employee must notify the Human Resources Department within 15 days of the closing of the above financial institution accounts or a change in any of the information provided herein. Failure to do so may result in a lapse in the direct deposit service.