

CITY OF WINSTON-SALEM AUTHORIZATION AGREEMENT DIRECT DEPOSIT

This is my authorization for the City of Winston-Payroll Department to do the following:

A. DIRECT DEPOSIT NET PAY FOR BANK OR CREDIT UNION - Required Information for Check Payment Method

(Complete if you are enrolling as a new employee, rehire, or changing your bank or credit union for net pay amount)

- Start New Direct Deposit Net Pay (Complete Sections C & D)
- Change Current Bank or Credit Union to New Bank or Credit Union for Net Pay (Complete Sections C & D)

B. DIRECT DEPOSIT FLAT (FIXED) AMOUNT FOR BANK OR CREDIT UNION - Optional Bank Draft Deductions

- Start New Flat Amount (Fixed) deduction Amount \$ _____ (Indicate Amount and Complete Section D)
- Change Current Flat Amount (Fixed) deduction* New Amount \$ _____ (Indicate Amount and Complete Section D)
- Stop Current Flat Amount (Fixed) deduction* (Complete Section D)
- Change Current Bank or Credit Union to New Bank or Credit Union (Complete Sections C & D)

** If you have a loan with the WSFCU or ERCU, you must contact the Credit Union directly.*

C. FINANCIAL INSTITUTION INFORMATION

_____ CHECKING or SAVINGS
Name of Financial Institution or Bank

_____ _____
Routing/Bank Transit/ABA No. Account Number
(First 9 digits at bottom of check) (Second set of numbers on check)

A VOIDED CHECK OR BANK CONFIRMATION IS REQUIRED TO PROCESS THIS FORM

D. EMPLOYEE AUTHORIZATION – This Authorization is Nonnegotiable and Nontransferable

Print Employee Full Name: _____

Employee Number: _____

Effective Date: _____

I understand that this authorization will be in effect until I notify the City Payroll Department in writing that I wish to change or discontinue bank deduction, allowing reasonable time to act on my notification. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Employee Signature: _____

Date: _____

SIGN AND RETURN COMPLETED FORM TO CITY PAYROLL DEPARTMENT