

City of Rocky River

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the City of Rocky River to initiate credit entries and to initiate, if necessary, adjustments for any entries in error to the account(s) listed below.

1)	_____	_____	_____
	Name of Financial Institution	Account Number	* Routing/ABA Number
	_____	_____	_____
	Type of Account (Checking, Savings)	Per Pay Dollar Amount	** Per Pay Percentage
2)	_____	_____	_____
	Name of Financial Institution	Account Number	* Routing/ABA Number
	_____	_____	_____
	Type of Account (Checking, Savings)	Per Pay Dollar Amount	** Per Pay Percentage

* Nine digit number that appears on the bottom of the check. DO NOT use the number from a deposit slip.

** Percentage must total 100%.

Please attach a voided check to verify the financial institution information. (If unavailable, please provide a copy of a recent account statement to assure that the routing/ABA number and account number are correct.) Note that the information on a deposit slip does not always include the routing/ABA number.

This authority is to remain in effect until the City of Rocky River has received written notification from me of its termination in such a timely manner as to afford the City of Rocky River and its financial institution a reasonable opportunity to act on it.

The direct deposit pay statement may be sent as a pdf attachment to an email. Indicate below your preferred email address for the direct deposit pay statement to be sent each pay period.

Email Address: _____

Employee Name (Please Print)

Signature

Date

Payroll Use Only

	Verified	Entered
Routing/ABA Number	_____	_____
Account Number	_____	_____