

City of Flint Active Employee Direct Deposit Authorization

To ensure the accuracy of your Direct Deposit, ALL information MUST be completed:
Your Direct Deposit may not be processed otherwise. Attach voided check or bank form.

To be completed by Employee:

Name: _____ Dept: _____

Social Security Number

Telephone No. (IMPORTANT)

PRIMARY BANK INFORMATION (Attach voided check or financial institution form)

Address: _____
Bank, Credit Union, or Financial Institution Name

City State Zip

Account Number: _____ Transit Routing Number: _____

Select one of the following: Checking: _____ Savings: _____

PARTIAL DEPOSIT BANK INFORMATION (Must complete primary bank info to use this option)

Address: _____
Bank, Credit Union, or Financial Institution Name

City State Zip

Account Number: _____ Transit Routing Number: _____

Select one of the following: Checking: ___ Savings: ___ Partial amount : _____

I authorize you and the financial institutions listed above to deposit my pay automatically into my account each pay period.
Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have canceled it in writing.

Employee Signature

Date