



I hereby authorize the City of Wauwatosa to directly deposit my net pay into the bank accounts as specified. I also grant the City the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my accounts to the extent of the overpayment. This authorization is to remain in force until the City has received written authorization from me of its cancellation or change.

For any changes, you must complete a new form listing all direct deposit accounts, including any accounts being canceled or discontinued. How you complete this form is how your paycheck will be deposited. Failure to include any accounts will result in their cancellation.

Employee Name: _____ Employee #: _____

Employee Signature: _____ Date: _____

NET CHECK: THIS BOX IS REQUIRED

1. Bank Name: _____

New: Change: Cancel: Continue: Account Type: Checking: Savings:

Routing / Transit #: _____

Account Number: _____

OPTIONAL ADDITIONAL ACCOUNTS (SPLIT YOUR PAYCHECK INTO DIFFERENT ACCOUNTS):

2. Bank Name: _____

New: Change: Cancel: Continue: Account Type: Checking: Savings:

Routing / Transit #: _____

Account Number: _____

Amount: \$ _____

3. Bank Name: _____

New: Change: Cancel: Continue: Account Type: Checking: Savings:

Routing / Transit #: _____

Account Number: _____

Amount: \$ _____

4. Bank Name: _____

New: Change: Cancel: Continue: Account Type: Checking: Savings:

Routing / Transit #: _____

Account Number: _____

Amount: \$ _____