

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name Department/Agency

Employee ID Paygroup REG LAG POL FIR SHR

	FINANCIAL INSTUTION NAME	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	STATUS/TYPE	ALLOTMENT
1	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	% <input style="width: 40px; height: 20px;" type="text"/> \$ <input style="width: 40px; height: 20px;" type="text"/> <input type="checkbox"/> BALANCE
2	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	% <input style="width: 40px; height: 20px;" type="text"/> \$ <input style="width: 40px; height: 20px;" type="text"/> <input type="checkbox"/> BALANCE
3	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	% <input style="width: 40px; height: 20px;" type="text"/> \$ <input style="width: 40px; height: 20px;" type="text"/> <input type="checkbox"/> BALANCE
4	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input style="width: 95%; height: 60px;" type="text"/>	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	% <input style="width: 40px; height: 20px;" type="text"/> \$ <input style="width: 40px; height: 20px;" type="text"/> <input type="checkbox"/> BALANCE

I do hereby authorize the deposit of my pay automatically each payday to my Financial Institution(s).

I authorize my employer, the City and County of Denver, and the Financial Institution(s) named above, to deposit my net pay by electronic transfer to my account(s) each payday. If amounts to which I am not entitled are deposited into my account(s), I authorize my employer to direct my Financial Institution to return them, and I allow a deduction for amounts deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid. I understand that any non-sufficient fund (NSF) charges, or other fees or assessments that my Financial Institution may assess on my account in the event of a valid return of funds request by my employer are my responsibility, and that the City and County of Denver, its departments, agencies, elected officials and employees are not responsible for such charges, fees or assessments.

Employee Signature: _____ Date: _____

STAPLE VOIDED CHECK(S) HERE

Payroll Technician Signature: _____ Date: _____