



City of Pittsburgh

Direct Deposit Authorization Form



Soc. Sec. No. XXX - XX - _____
Last four digits ONLY (For verification purposes)

Employee Name: _____

Please select the direct deposit action you wish to authorize:

- START**
- STOP** - discontinue direct deposit enrollment
- REPLACE** - You must complete in full. This will replace current set-up.

******(You will get a live check for one pay period when changing or adding direct deposit) ******

NOTE: Attach a **voided check** for each new checking account.
 Attach a **statement from financial institution** for each new savings account.

PRIMARY ACCOUNT ONLY

Select **ONE** Account:

Checking _____ Savings _____

Bank Name:	
Routing #	Account #

OPTIONAL SECONDARY ACCOUNT

Select **ONE** Account:

Checking _____ Savings _____

Bank Name:	
Routing #	Account #

Authorization agreement

I hereby authorize the direct deposit of my net pay (and optionally a specified amount into a second account) into the account and financial institution indicated on this form. Such direct deposit will be made on each succeeding payday unless I choose to terminate this agreement in writing to the Payroll Office. This authorization shall become effective following receipt and processing by the payroll office and confirmation by the Payroll account financial institution.

Any subsequent change in bank name or account number will cause an interruption of my direct deposit. I understand paychecks will be issued until the new information is tested and direct deposit resumes. If monies to which I am not entitled are deposited to my account, I authorize my **EMPLOYER** to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment.

Employee Signature: _____ Today's Date: _____

Contact Phone Number: _____

For internal use only

*This form and all documents
have been reviewed and
verified by:*