

City of Baxter
Authorization for Direct Deposit of Payroll

<input type="checkbox"/> New – Initial <input type="checkbox"/> Change		
Pay Period Type (Select One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
Employee Information Name: _____ Social Security Number (Last 4 digits only): _____ Phone Number: _____		
Primary Account – If you are not listing a second account, % of net distribution will be 100%.		
Account Type (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____ Account Number: _____ Name of Financial Institution: _____ Physical Address (Street, City, State, Zip) _____	% of NET DISTRIBUTION _____%
Second Account – Optional		
Account Type (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <div style="display: flex; justify-content: space-around; align-items: center; margin: 5px 0;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	% of NET DISTRIBUTION _____%

I authorize the City of Baxter to direct deposit funds to my account in the financial institution(s) listed. If any of the of my direct deposit information changes ,It is my responsibility to notify the Payroll Clerk of any changes or closed accounts and complete a change of direct deposit form at least 7 business days prior to my scheduled pay period.

Employee Signature: _____ Date: _____

Attach VOIDED check(s) below.

Primary Account

Secondary Account