



# AUTHORIZATION FOR DIRECT DEPOSIT

**NEW EMPLOYEE NAME:** \_\_\_\_\_

I hereby authorize the City of Johnson City to send the NET amount of my paycheck to my:

FINANCIAL INSTITUTION: \_\_\_\_\_ \$ AMOUNT \_\_\_\_\_ BALANCE OF CHECK  
\_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

FINANCIAL INSTITUTION: \_\_\_\_\_ \$ AMOUNT \_\_\_\_\_ BALANCE OF CHECK  
\_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

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**CURRENT NAME** \_\_\_\_\_ **EMPLOYEE NUMBER** \_\_\_\_\_

CURRENT FINANCIAL INSTITUTION \_\_\_\_\_ SWITCHING TO \_\_\_\_\_

CURRENT CHECKING \_\_\_\_\_ OR SAVINGS \_\_\_\_\_ SWITCHING TO \_\_\_\_\_

CURRENT CHECKING \_\_\_\_\_ OR SAVINGS \_\_\_\_\_ SWITCHING TO \_\_\_\_\_

\_\_\_\_\_ ADDING AN ADDITIONAL FINANCIAL INSTITUTION

FINANCIAL INSTITUTION: \_\_\_\_\_ \$ AMOUNT \_\_\_\_\_ BALANCE OF CHECK  
\_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

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**\*\*\*ATTACH A VOIDED CHECK OR A PRINT OUT OF INFORMATION FROM NEW BANK \*\*\***

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE City of Johnson City Payroll Department has received written notification from me of its termination in such time as to afford the city a reasonable opportunity to act on it. The bank routing number and account number I provided to the city are correct. I understand that incorrect numbers may result in an error in the routing of my direct deposit. If an error occurs due to incorrect information in this form the city will not be held responsible.

\_\_\_\_\_  
Signature Date

Note: AN ENCODED VOIDED CHECK (NOT A DEPOSIT SLIP) MUST ACCOMPANY EACH AUTHORIZATION. IT IS THE INTENT OF THE City of Johnson City to have funds available on the scheduled pay dates. Please check with your financial institution regarding posting of these funds. The city is not responsible for service fees assessed by a bank when employees make transactions on their account prior to direct deposit monies being credited to their account.