

City of Pooler

Direct Deposit Authorization

Important! Please read and sign before completing and submitting.

I hereby authorize **City of Pooler** to initiate credit entries (deposits), and, if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) listed below. To ensure proper distribution of my pay, I agree to notify immediately Human Resources of any changes to this information. This direct deposit request will remain in effect until I notify, in writing, the Human Resources Department to terminate it, or until my employment with the City of Pooler has been terminated.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Please Circle One:

Begin Deposit

Change Deposit

Cancel Deposit

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ Or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ Or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ Or Entire Net Amount

*Please attach a voided check for each checking account and/or a direct deposit form or letter from your bank for each savings account. **We CANNOT accept a deposit slip.** You may have your bank fax or email the information directly to us as well.*