I authorize and request the City of Austin to deposit my payroll check to the financial institutions named below. If at any time there is an error with the direct deposit, the City of Austin is authorized to credit or debit my account with the appropriate amounts to equal my earnings for such period.

Section I - New Accounts								
Deposit Type	Financial Institution		Account Number		Amount		Type of Account	
Full	Name:						0 (Checking
Deposit	Routing No:					0 8		Savings
Partial	Name:			\$		0 0		Checking
Deposit	Routing No:						o Savings	
Partial	Name:		_		\$		o Checking	
Deposit	Routing No:						Savings	
Section II - Discontinue Existing Account								
Account #		Financial Institution Name		ersurgennungg Di mussus	Checking		Savings	
					О		О	
					o		О	
						o		О
Section III - Change Partial Deposit of Existing Account								
ининшини Ас	count#	Financial Institution Name		New Amount		Checking		Savings
				\$		0		0
				\$		0		0
Employee Name (Print)				Social Security Number				
Department				Phone				

INSTRUCTIONS:

Employee Signature

1. Fill in the name of the financial institution, the routing number and your account number for each account. You may elect to have your paycheck deposited in a total of three direct deposit accounts.

Date Signed

- 2. Full Deposit: If your pay is deposited into a single account, it will be deposited into the account you list on this line. If you elect multiple deposits, the remaining balance after any partial deposits will be deposited in this account. IMPORTANT NOTE: You must designate one account as your Full Deposit account. If you deactivate your Full Deposit account without adding a new account for Full Deposit, your Partial Deposit accounts will be cancelled.
- 3. Partial Deposit: Enter the dollar amount to deposit into each account.
- 4. To change financial institutions, complete Section II for the existing account **and** add new financial information in Section I. Use one authorization agreement for both actions.
- 5. For each NEW account listed in Section I, tape a cancelled check or deposit slip to a separate 8 ½" x 11" sheet of paper. Write your name on the sheet and attach it to this authorization agreement.
- 6. Print your name, social security number, department name and your telephone number on the authorization agreement. Sign and date the authorization agreement.
- 7. Send the completed authorization agreement including the required cancelled checks and/or deposit slips to the Payroll Office.

NOTICE

To be activated, your direct deposit authorization must be in writing and it must be signed. Authorization agreements are due in the Payroll Office according to the schedule published on the Controller's Office intranet website. Authorization agreements received after the deadline will be processed with an effective date for the following payday. All direct deposits go through a review process that takes up to two weeks.