



Direct Deposit Change Form

Employee Name : _____

Date: _____

| | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Primary Account | Checking Account | <input type="checkbox"/> | Savings Account | <input type="checkbox"/> |
| Account # _____ | | | | |
| Amount _____ | | | | |
| Begin Deposits | <input type="checkbox"/> | Change Information | <input type="checkbox"/> | Cancel Deposits |
| | | | | <input type="checkbox"/> |

| | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Additional Account | Checking Account | <input type="checkbox"/> | Savings Account | <input type="checkbox"/> |
| Account # _____ | | | | |
| Amount _____ | | | | |
| Begin Deposits | <input type="checkbox"/> | Change Information | <input type="checkbox"/> | Cancel Deposits |
| | | | | <input type="checkbox"/> |

| | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Additional Account | Checking Account | <input type="checkbox"/> | Savings Account | <input type="checkbox"/> |
| Account # _____ | | | | |
| Amount _____ | | | | |
| Begin Deposits | <input type="checkbox"/> | Change Information | <input type="checkbox"/> | Cancel Deposits |
| | | | | <input type="checkbox"/> |

I authorize the City of Kingsburg to initiate credits (and corrections to previous credits to the financial institution designated above. This authorization will remain in effect until I give written notice to the City of Kingsburg either to change or terminate this authorization.

Employee's Signature

Date

A VOIDED CHECK OR PRINT OUT FROM YOUR BANK MUST BE ATTACHED IN ORDER TO PROCESS

| | | |
|------------------|------------|------------------|
| Office Use Only: | | |
| Entered By _____ | Date _____ | Checked By _____ |