

# City of Fond du Lac Electronic Deposit Authorization

<input type="checkbox"/> New Authorization
<input type="checkbox"/> Change*
<input type="checkbox"/> Cancel

**INSTRUCTIONS**

1. Please complete all requested information.
2. Refer to sample check at bottom of this form for the location of Bank Transit Number and Account Number.
3. Staple your voided check to the white copy of authorization and return to Payroll in the Comptroller's Office.  
**Authorization cannot be processed without a voided check.**
4. Retain yellow copy for your records.

<input type="checkbox"/> EMPLOYEE - ID NO.
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NAME (LAST, FIRST, MIDDLE INITIAL)	TELEPHONE NO.
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<input type="checkbox"/> SOCIAL SECURITY NO.
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\*If changing financial institutions, you will receive a check the first pay date after the change is made. Your funds will be electronically deposited the following pay date.

To avoid having a deposit made to a closed account, changes must be in the Payroll Office by **FRIDAY PM** of the week between paydays.

NAME OF FINANCIAL INSTITUTION	CITY	STATE
BANK TRANSIT NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

I hereby authorize CITY OF FOND DU LAC to deposit to my account indicated above the amount I am due for any period with the same effect as if a check had been delivered to me for such amount. I also authorize the financial institution indicated above to credit the same to such account. Should an over deposit be made, the City of Fond du Lac and the Financial Institution are authorized to debit such account for correction.

There have been changes to the payment system rules for direct deposit of payroll. If you receive your payroll via direct deposit at a U.S. financial institution and then have the entire payroll amount forwarded to a bank in another country, please advise the payroll department. There are unique formatting requirements for these transactions that the City needs to follow. It will not impact your pay.

This authorization will remain in effect until it is changed or canceled by written notification at such time and in such manner as to afford the City a reasonable opportunity to act.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

SAMPLE OF VOIDED CHECK - ATTACH YOUR CHECK HERE.

John Smith 111 Main Street Nowhere, WI 0000	No 1111
_____ 20 _____	
<b>VOID</b>	
PAY TO THE ORDER OF _____ \$ _____	
_____ DOLLARS	
Any Bank USA All States, USA	
Memo _____	
123456789	00041    01       0132      1111

Bank Transit Number

Account Number