City of Fond du Lac Electronic Deposit Authorization

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 authorization form and return to Payroll in the Comptroller's Office.

 Authorization cannot be processed without a voided check or bank verification form.

New Authorization

Change*

Cancel

EMPLOYEE - ID NO.	NAME (LAST, FIRST, MIDDLE INITIAL)) TELEPHONE N	
SOCIAL SECURITY NO.	Changes must be in the Payroll Office by FRIDAY PM of the week between paydays.		
Acct NAME OF FINANCIAL INSTITUTION	CITY, STATE	BALANCE	
BANK TRANSIT NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT CHECKING SAVINGS	
cct NAME OF FINANCIAL INSTITUTION	CITY, STATE	DOLLAR AMOUNT	
BANK TRANSIT NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT CHECKING 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 - A	ATTACH YOUR CHECK HERE.		
John Smith		No 1111	
111 Main Street			
Nowhere, WI 0000			
		20	
	VOID		
PAY TO THE ORDER OF		\$	
ORDER OF		Φ	
			DOLLARS
A.v. Darek HCA			
Any Bank USA All States, USA			
Memo			
123456789	00041 01 0132	1111	
	1		
Rank Transit Number	Account Number		