CITY OF PACIFIC GROVE

Direct Deposit Sign-up/Authorization Form

Important: Attach a VOIDED CHECK for each one of the accounts listed.

Line	Fixed (F) or % (P)	Amount $ or %	Checking Savings	Frequency (Y/N)	Transit ABA#	Account #	Bank Name
1	☐F ☐P		☐C ☐S				
2	☐F ☐P		☐C ☐S				
3	☐F ☐P		☐C ☐S				
4	☐F ☐P		☐C ☐S				
5	☐F ☐P		☐C ☐S				
6	☐F ☐P		☐C ☐S				
7	☐F ☐P		☐C ☐S				
8	☐F ☐P		☐C ☐S				

I hereby authorize the City of Pacific Grove to initiate deposits (or correcting entries to previous deposits) to my account(s) listed above.

This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.

Employee's Signature

Date

Emp. #

Your Name

☐☐☐--☐☐--☐☐☐☐

Social Security Number