Direct Deposit Authorization

I hereby authorize my employer, the **City of Reedley,** to initiate deposits (credits) and/or corrections to the previous credits to the Financial Institution indicated. The Financial Institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to the **City of Reedley**, or upon termination of my employment with the **City of Reedley.**

Employee's Signature Date

Employee's Name & Address (Please print or type)

Financial Institution Name & Address (Please print or type)

☐ **Checking/Sharedraft** (attach voided check to this form)

☐ **Savings** (please verify information with Financial Institution)

Account Number:

Bank Routing Number:

Transaction	Effective Date
Start *	
Change	
Cancel	

*** Effective start date will be the 2nd payroll date after the authorization form is received by the City of Reedley Finance Department.**

☐ **Net Pay Deduction**

☐ **Flat Amount Deduction of** **Per Pay Period**