

## City of Houston PAYROLL DIRECT DEPOSIT AUTHORIZATION

New to direct deposit program

Add/change/delete existing direct deposits

Stop all direct deposit effective: \_\_\_\_\_

(Used only for Finance-approved exceptions)

Employee No		Employee name (last, first, middle initial)		Dept name	Work Phone		
Action	<b>Priority #</b> (e.g 1,2,3)	Bank ABA Routing Number* (9 digits)	Account Number (up to 17 character		Account Type*		
Add Change				Amount \$	Checking Savings		
Delete  Effective Date		Financial Institution (name, city, state) HOUSTON TX FIRE FIGHTERS FEDERAL CREDIT UNION					
Action	<b>Priority #</b> (e.g 1,2,3)	Bank ABA Routing Number * (9 digits)	Account Numbe (up to 17 character	, ,,	Account Type*		
Add Change Delete				Amount \$Balance	Checking Savings		
Effective Date		Financial Institution (name, city, state)					
Action	<b>Priority #</b> (e.g 1,2,3)	Bank ABA Routing Number * (9 digits)	Account Numbe (up to 17 character	1,	Account Type*		
Add Change				Amount \$	Checking Savings		
Delete Effective Date		Financial Institution (name, city, state)					
* Adding a new direc prenote sends your a in the payroll system. Remarks I authorize the Depa and if necessary, de	t deposit or chang ccount type, bank You may receive rtment of Financ bit entries and a	CCOUNT, ATTACH A VOIDED CHECK TO THE POSIT SLIP IF IT DOES NOT HAVE PRE-PRING account type, bank identification number or a ID and account number to the bank to assure the warrants until the prenoting process is complete e and Administration and my financial institution dijustments for any credit entries made in erroral institutions to be discontinued.	account number requires a prere accuracy of the numbers. Cha.	NT NUMBERS.  Note to be sent to the bank before the adanges should be effective 5 to 15 days a second credit entries (direct department)	ld or change becomes affective. A fter the agency enters the direct deposit		
Employee Signatu			Date				

## **Account Consent Form**

I am providing the same consent for recovery from the other account holder by the signature below. I understand that the City will not begin a direct deposit to a joint account without the other account holder's permission for correcting debits.

From time to time, the City may need to correct the amount paid to me, which could result in payment by check. The City is not responsible for forwarding these checks to my bank. These checks will be delivered to me through my regular pay location.

I recognize that the City will automatically end direct deposit if the information needed to deposit my pay is no longer valid due to any changes made by my bank. In such case, it is my responsibility to provide the City with the updated deposit information to renew direct deposit.

If I change banks or accounts, I acknowledge that I must allow one month after I notify my department's payroll representative in writing. I must provide the City the name of a new bank and any new bank or account routing information for the direct deposit to be made to the new bank or account. This allows the City and banking system to re-execute the bank prenoting process.

If I wish to discontinue direct deposit, I acknowledge that I must notify my department's payroll representative in writing by the end of the current payday so the next check will be printed for delivery to me rather than being deposited directly to the account I specified.

I have attached a void check to confirm the bank and account information.

Is this account a Joint Account?	Yes	□ No	
Second Account Holder			Date
Primary Account Holder			