CITY OF HANFORD

PAYROLL: Direct Deposit Enrollment/Change Form

(Effective: Please allow 30 Days after submitting to Finance Dept.)

Employee Name:	

Voided Check or Bank Account Printout is <u>Required</u>

(We use these required forms to verify that we are sending your paycheck to the correct bank and/or account)

If you have additional accounts, please enter on lines 2-4.

	Financial Institution ("Bank") Name Address, City, State, Zip Code	Routing/Transit Number	Checking/Savings Account Number	Account Type (Checking/Savings)	Amount
1	Reference Above Attached Check				
2					
3					
4					

I authorize the City of Hanford, to initiate credits and/or corrections to previous credits, to the financial institutions designated above. This authorization will remain in effect until I give fourteen (14) days written notice to the City of Hanford either to change or terminate this written notice.

Signature _____ Date _____

CITY OF HANFORD
Finance Department
315 N. Douty St., Hanford CA 93230
Tel: 559-585-2507, Fax: 559-582-1152

☐ Initial Form

☐ Change