



CITY OF MERCED

MERCED

Authorization for Direct Deposit

Please complete this authorization form and attach a voided check or documentation from the Financial Institution showing your name, routing number and account number.

For more information contact Payroll either at: 209-385 -6825 Makino Moua or 209-385-6882Justin Failing.

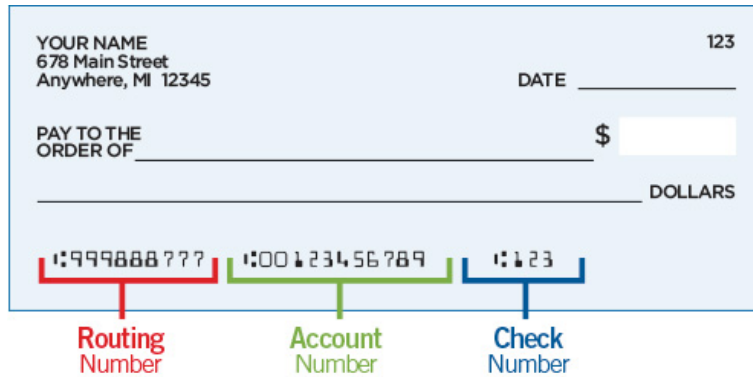
Account Type (circle one): Checking Savings

Employee Bank Name

Percentage or Dollar Amount

Bank Routing # (ABA#)

Account #



I hereby authorize the City of Merced to initiate deposits and/or correction 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 ten (10) day prior written notice to the company designated above, or, in the case of payroll deposit, upon termination of my employment with such employer.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: Authorization forms submitted without proper documentation will not be approved.