CITY OF ROSWELL
DIRECT DEPOSIT AUTHORIZATION

<u>Important</u>: You must attach a voided check for checking accounts. If you do not have a check or this is for a savings account, please call your bank and ask them for the correct <u>routing</u> and <u>account</u> number for direct deposit. Do not attach a deposit slip. If you already have a direct deposit on file, this authorization replaces any currently in effect. **Please list <u>all</u> accounts you wish to have active for direct deposit.** A voided check is not necessary for any accounts already on file. Note that you will receive an actual check until this direct deposit goes into effect. If you have any questions, please call Kristen Sparrow, Payroll Manager at 770-594-6444.

1. Name of Bank: _____
    Routing Number: (if voided check is not available) _____
    Account Number: _____ Type of Account: _____
    Check one of the following options:
    ☐ Deposit all of net pay into this account
    ☐ Deposit indicated dollar or percentage amount into this account $_____or _____%.

2. Name of Bank:_____
    Routing Number: (if voided check is not available) _____
    Account Number:_____ Type of Account: _____
    Check one of the following options:
    ☐ Deposit all of net pay into this account
    ☐ Deposit indicated dollar or percentage amount into this account $_____ or _____%.

> **<u>New Employees</u>: Your pay stub will be e-mailed to your City e-mail address. If you would prefer it to be sent to a personal e-mail address, please indicate the address below. If you do not have a city or a personal e-mail address, your pay stub will be mailed to the address we have on file.**
> **My pay stub may be e-mailed to:** _____

I hereby authorize my employer, City of Roswell, to deposit, each pay period, the dollar amount(s) specified above to the account(s) specified. The City of Roswell is also authorized to adjust any over/under deposit which it has caused to be made to my account(s). Prior to any adjustment occurring, the City will contact the employee to discuss the necessary steps for correcting any error. I will not hold my bank(s) liable for any erroneous deposits or adjustments by the City of Roswell, and I agree that the financial institutions(s) listed above may treat each such deposit the same as if it were personally deposited by me. This authority will remain in effect until I have cancelled it in writing. **This form replaces any and all previous Direct Deposit Authorization forms on file**.

_____   _____
                    Signature   Date

_____
        Your Name (*please print*)