



City of Evanston
DIRECT DEPOSIT AUTHORIZATION FORM

TYPE OF REQUEST:

NEW ADDITIONAL

CHANGE REACTIVATE

CANCELLATION

EMPLOYEE INFORMATION: (PLEASE PRINT)

Employee Name, Department Name, Employee Number, Last 4 digits SS #.

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

IMPORTANT NOTICE:

Supporting documentation is required to verify all routing and account numbers. (If checking is chosen, a voided check is required. No starter checks accepted. The check must have your name and address printed on it or any verification from your bank with your Name, routing and account number on it. If savings is chosen, you must provide documentation from your bank, which includes the routing and account number.) Supporting documents are subject to Payroll Manager's approval.

Table with columns: Account Type, Routing Number, Account Number, DEPOSIT OPTION. Includes checkboxes for CHECKING, SAVINGS, NET PAY, SET AMOUNT.

I authorize the City of Evanston to deposit my pay directly into the account(s) indicated above and to enroll me in paperless direct deposit. This authorization is to remain in effect until the City of Evanston has received written notification from me to terminate this agreement, or upon termination of my employment with the City of Evanston. I understand if I do not notify Payroll of any changes to my account information that it may result in a cancellation of my direct deposit.

Employee Signature, Date:

CANCELLATION OF DIRECT DEPOSIT AGREEMENT

This is my authorization for the City of Evanston to terminate the direct deposit of my pay, effective with the next paycheck.

Employee Signature, Date:

RETURN YOUR COMPLETED FORM TO: CITY OF EVANSTON, PAYROLL DIVISION CIVIC CENTER - 2100 RIDGE AVENUE - ROOM 4300