

Department _____

PR# _____
(office use only)

I, _____, hereby authorize the City of Green Bay to initiate
(Print Your Name)
direct deposit credit entries (and if necessary, reversal adjustments for any credit entries made in error) to my account in the financial institution(s) as indicated below. I also authorize the financial institution to credit and/or debit my account.

Net Check Deposit: _____ Checking _____ Savings

Financial Institution _____

City _____ State _____ Zip _____

Transit Routing Number (ABA) _____ Account Number _____

Partial Check Deposit: \$ _____ Checking _____ Savings

Financial Institution _____

City _____ State _____ Zip _____

Transit Routing Number (ABA) _____ Account Number _____

Partial Check Deposit: \$ _____ Checking _____ Savings

Financial Institution _____

City _____ State _____ Zip _____

Transit Routing Number (ABA) _____ Account Number _____

Partial Check Deposit: \$ _____ Checking _____ Savings

Financial Institution _____

City _____ State _____ Zip _____

Transit Routing Number (ABA) _____ Account Number _____

This authorization will become effective the next payday and will remain in full force and effect until the City of Green Bay has received written notification from me for its termination in such time and manner as to afford the City of Green Bay and the financial institution reasonable time to act on it. If an employee has a break in service of 60 days or more, a new direct deposit form is required.

Social Security Number _____ Signature _____ Date _____

**Attach a voided check for all checking accounts.
(Not a deposit slip)**