



Direct Deposit Authorization Form

By enrolling in direct deposit, I understand that my pay will be automatically deposited in the account(s) that I designate below, and I will be able to access my pay data securely via the ePayroll Internet site at <http://www.sfgov.org/paystub>.

Dept. ID			Employee Name			Employee ID					
			Last	First	M.I.						

Direct Deposit Authorization

I authorize the financial institution(s) below to electronically deposit my specified pay amounts from the City and County of San Francisco to the specified account each pay day. I also authorize the City and County of San Francisco to direct the financial institution(s) below to debit this account in the event that an incorrect amount is deposited. This authority will remain in effect until I have filed a change authorization, cancellation, or upon termination of my employment with the City and County of San Francisco.

I understand that I must submit a new Direct Deposit Authorization form at least two (2) weeks before I close any of the accounts indicated below; otherwise, I may experience a delay of seven (7) business days or more before receiving my pay.

NET PAY BALANCE ACCOUNT – This account can only be deleted if all other accounts are deleted.

Financial Institution #1: _____

NEW Direct Deposit Account or **CHANGE** Existing Account or **DELETE** This Account

Checking or share draft account: *Staple a voided check to the front of this form*

Savings account: *Contact your financial institution for the correct Transit/ABA number and account number*

_____ 9 digit Transit/ABA #

_____ Account #

FIXED AMOUNT ACCOUNTS – Specify up to 3 in Priority Order (including when changes are made)

Financial Institution #2: _____

Fixed amount:
\$ _____ of my net pay

NEW Direct Deposit Account

CHANGE Existing Account

DELETE This Account

Checking or share draft account
(staple voided check)

Savings account

_____ 9 digit Transit/ABA #

_____ Account #

Financial Institution #3: _____

Fixed amount:
\$ _____ of my net pay

NEW Direct Deposit Account

CHANGE Existing Account

DELETE This Account

Checking or share draft account
(staple voided check)

Savings account

_____ 9 digit Transit/ABA #

_____ Account #

Financial Institution #4: _____

Fixed amount:
\$ _____ of my net pay

NEW Direct Deposit Account

CHANGE Existing Account

DELETE This Account

Checking or share draft account
(staple voided check)

Savings account

_____ 9 digit Transit/ABA #

_____ Account #

Employee's Signature _____ Date _____

Work Phone # _____ Home Phone # _____ Shift _____

PPSD USE ONLY: Operator and Date _____

- staple voided check(s)