



Direct Deposit Authorization Form

By enrolling in direct deposit, I understand that my pay will be automatically deposited in the account that I designate below, and I will be able to access my pay data securely via the CCSF ePayroll Internet site and a toll-free telephone number.

Dept. #	Employee Name			Employee ID Number		
	Last	First	M.I.	Social Security Number	MPID	TCD
				____-____-____	____	____

Direct Deposit Authorization

I authorize the financial institution below to electronically deposit my net pay amount 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 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 it may take up to three (3) pay periods to establish direct deposit with my financial institution. 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 72 hours or more before receiving my pay.

Financial Institution Name: _____ NET PAY BALANCE ACCOUNT

This is a: NEW DIRECT DEPOSIT ACCOUNT or CHANGE TO EXISTING ACCOUNT

For checking or share draft accounts: Please staple a voided check to the front of this form.

For savings accounts: Contact your financial institution for the correct Transit/ABA number and account number

_____ 9 digit Transit/ABA #

_____ Account #

Employee's Signature _____ Date _____

Work Phone # _____ Home Phone # _____ Shift _____

PPSD Only

_____ Transit/ABA No.

_____ Account No.

- To Input:**
1. Screen **H0BUD Auto Deposit** should be **40**.
 2. Screen **H0BBI** enter **R**, routing number and account number.
 3. Screen **H0ZU1** enter **I**, NO: **69** or **70**, FR: **09**, AMT/PCT: **1.00000**, UTILITY: **9110001**
- To Revoke:** Screen **H0ZU1** enter on deduction **69** or **70**, FR: **00**

Entered by _____ Date _____

- staple voided check here -