



City of Lewiston

Direct Deposit Authorization Form

Employee Name: <small>(please print)</small>	Employee #:
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- Direct Deposit Instructions:**
1. You must complete and return this form to Finance/Payroll.
 2. **Attach a voided check or verification of routing and account numbers provided by your financial institution. Your request will not be approved without this information.**
 3. A pre-notification test run is required. If successful, the City will begin processing your paychecks with direct deposit. **There will be a minimum of one pay period before your direct deposit begins.**
 4. If you are adding only one account, only fill out the primary account section. You may set up optional accounts and select an amount (\$) or percentage (%) for each of these accounts. The optional accounts will receive funds first and then the remaining balance will go to your primary account.
 5. Select **Add** to begin a new account, **Change** to update a current account, or **Remove** to terminate an existing account.

Financial Institution Name & Address <small>(Primary Account)</small>	Add	<input type="checkbox"/>	Routing #		Checking	Savings
	Change	<input type="checkbox"/>	Account #		<input type="checkbox"/>	<input type="checkbox"/>
	Remove	<input type="checkbox"/>	Deposit amount is equal to remaining balance after Optional Accounts are deducted (if applicable)			
Financial Institution Name & Address <small>(Optional, Account 2)</small>	Add	<input type="checkbox"/>	Routing #		Checking	Savings
	Change	<input type="checkbox"/>	Account #		<input type="checkbox"/>	<input type="checkbox"/>
	Remove	<input type="checkbox"/>	Deposit from each paycheck: Amount \$ _____ or Percentage _____ %			
Financial Institution Name & Address <small>(Optional, Account 3)</small>	Add	<input type="checkbox"/>	Routing #		Checking	Savings
	Change	<input type="checkbox"/>	Account #		<input type="checkbox"/>	<input type="checkbox"/>
	Remove	<input type="checkbox"/>	Deposit from each paycheck: Amount \$ _____ or Percentage _____ %			

- I would like my direct deposit paystub emailed to me at: _____
- I would like my W-2 form emailed to me at year end at the above email address in addition to being mailed.

Authorization Agreement: I hereby authorize the City of Lewiston to initiate paperless entries to my account(s) listed above. I also request that my financial institution accept the transactions. This authorization is to remain in full effect until I have given written notice to the City of Lewiston. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my payroll direct deposit funds.

Employee Signature: _____ **Date:** _____