

DIRECT DEPOSIT FORM

ATTACH VOIDED CHECK HERE

PLEASE
READ
INSTRUCTIONS BELOW
CAREFULLY

USE THIS FORM TO AUTHORIZE OR MAKE CHANGES IN DIRECT DEPOSIT.

The City of Hampton uses direct deposit for payroll distribution and employee reimbursements.

1. Be sure to print your information clearly.
2. Include a voided check from your personal account, or submit your bank's paperwork.
3. Make sure you have included your correct Social Security Number and have signed this form.

PLEASE PRINT

Please enroll me in the City's direct deposit plan. The depository information and authorization is as provided below.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

CITY OF HAMPTON

ID NUMBER: 54-6001336

I hereby authorize the City of Hampton Finance Department to initiate credit entries to my account indicated below and the financial institution named below to credit the same to such account.

BANK ACCOUNT FOR PAYROLL DEPOSITS:

CHECKING [] SAVINGS []

FINANCIAL INSTITUTION: _____ STATE: _____

ROUTING #

ACCOUNT #

BANK ACCOUNT FOR TRAVEL ADVANCES AND OTHER REIMBURSEMENTS (A/P):

SAME ACCOUNT AS PAYROLL [] **OR** CHECKING [] SAVINGS []

FINANCIAL INSTITUTION: _____ STATE: _____

ROUTING #

ACCOUNT #

This authority is to remain in full force and effect until the City has received written notification from me the undersigned) of its termination in such time and in such manner as to afford the City reasonable opportunity to act upon said request.

NAME: _____ **SSN:** _____

SIGNED: _____ **DATE:** _____
