EMPLOYEE INFORMATION	
Name:	Employee ID:
Department:	Phone:
DIRECT DEPOSIT (EFT) INFORMATION	
Net Pay Direct Deposit* ☐ Add ☐ Change ☐ Stop/Cancel	
Financial Institution Name	Account Number (From Check)
Financial Institution Transit Number.	
□ Savings Account □ Checking Account	Attach Voided Check for this Account
Additional Direct Deposit ☐ Add ☐ Change ☐ Stop/Cancel	
Financial Institution Name	Account Number (From Check)
Financial Institution Transit Number.	
	Attach Voided Check for this Account
□ Savings Account □ Checking Account □ Deposit Amount \$	
Additional Direct Deposit ☐ Add ☐ Change ☐ Stop/Cancel	
Financial Institution Name	Account Number (From Check)
Financial Institution Transit Number.	
	Attach Voided Check for this Account
□ Savings Account □ Checking Account □ Deposit Amount \$	
*All net pay will be deposited into this account, additional accounts will reduce this deposit by the All EFT's go through a pre-note process to ensure that the account information is correct. Typi this form, the employee will receive an actual check, and the system will send a test record discovered, the employee's pay will be electronically transferred on the second pay day.	cally on the first pay day following completion of
Employee Authorization	
I hereby authorize the City of Palm Springs to initiate/change the EFT deverse any incorrect EFT deposit made in error to my account(s) above. To force and effect until the City has received written notification from me of employment.	his authorization is to remain in full

Return completed form to Payroll. Contact Payroll for questions at 760-323-8224

Date

Signature