

# City of Minneapolis

## Payroll Direct Deposit Authorization Form

While participating in the City of Minneapolis STEP-UP program, you may elect to have your paycheck deposited directly into a savings and/or checking account. If you wish to participate in direct deposit, fully complete this form and turn it in to the workforce center or your STEP-UP supervisor. The timing of your first directly deposited check will depend on when this completed form is received in the City of Minneapolis payroll department. **Important Note: If you complete this form for directly depositing your paycheck, the FIRST paycheck after you complete and submit this form will still be a printed and mailed check. This is a necessary process to check that we have accurate account information.**

### Please print clearly and use your FULL LEGAL NAME

Employee First Name: \_\_\_\_\_

Employee Middle Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department: **STEP-UP**

Action (choose one):    \_\_\_ Start            \_\_\_ Change            \_\_\_ Cancel

**ALL following items must all be completed and true** to participate in direct deposit:

- I have attached a VOID check or Bank Routing form
- I have signed and dated this form
- The bank account(s) to which I am having my funds deposited is in my name or is a joint account that includes my name.

**Account information:**

You may deposit your check into one or more accounts. If you wish to just deposit into ONE account, you only need to complete Section 1. Section 2 only needs to be completed if you are depositing into a second account.

**Section 1:**

Type of Account:    \_\_\_ Checking                            \_\_\_ Savings

Name of Bank: \_\_\_\_\_

9 Digit Bank Routing Number:    \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Account Number: \_\_\_\_\_

Check one:        \_\_\_ All of net pay **OR**        \_\_\_ Amount: \_\_\_\_\_ (fill in amount)

**Section 2: (only use if depositing into more than one account)**

Type of Account:    \_\_\_ Checking                            \_\_\_ Savings

Name of Bank: \_\_\_\_\_

9 Digit Bank Routing Number:    \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Account Number: \_\_\_\_\_

Check one:        \_\_\_ All of net pay **OR**        \_\_\_ Amount: \_\_\_\_\_ (fill in amount)

**I authorize the City of Minneapolis and the financial institution(s) name above to automatically deposit my net pay into my account(s) as directed by my selection above. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_