AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Please select:	$\ \square$ Stop Direct Deposit(s) $\ \square$ New Request $\ \square$	Change Amount(s)
For new requests and changes, please list ALL current direct deposit accounts. Then select the action you would like on EACH account. All new requests will be receive a paper check first and then direct deposit will take effect on the following pay period.		
Changes must be received in Payroll by the Wednesday <u>before</u> payday to be effective. Any time an account(s) is closed, Payroll must be notified immediately. If a direct deposit is returned, a manual check will not be issued until funds have been returned from the bank.		
Requested Action for this account:	BANK NAME:	
□ No Change	ACCOUNT #	- CHECKING - CAVINGS
☐ New Account	ACCOUNT #	□ CHECKING □ SAVINGS
□ Delete Account□ Change Amount	CHECK ONE: AMOUNT PER PAY PERIOD \$	□ BALANCE OF NET PAY
Requested Action for		
this account:	BANK NAME:	
□ No Change		
☐ New Account	ACCOUNT #	_ □ CHECKING □ SAVINGS
☐ Delete Account		
☐ Change Amount	CHECK ONE: AMOUNT PER PAY PERIOD \$ CHECK ONE: AMOUNT PER PAY PERIOD \$	□ BALANCE OF NET PAY
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Requested Action for this account:	BANK NAME:	
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□ New Account	ACCOUNT #	☐ CHECKING ☐ SAVINGS
☐ Delete Account		
☐ Change Amount	CHECK ONE: AMOUNT PER PAY PERIOD \$	□ BALANCE OF NET PAY
Requested Action for this account:	BANK NAME:	
□ No Change	DAINK IVAIVIE.	
□ New Account	ACCOUNT #	□ CHECKING □ SAVINGS
☐ Delete Account		_
☐ Change Amount	CHECK ONE: AMOUNT PER PAY PERIOD \$	■ BALANCE OF NET PAY
A VOIDED CHECK OR DIRECT DEPOSIT INSTRUCTIONS FROM THE BANK MUST BE ATTACHED FOR EACH NEW ACCOUNT ENTRY ABOVE.		
I hereby authorize and request the CITY AND COUNTY OF BROOMFIELD to make payment of any amounts owing to me for WAGES		
by initiating credit entries to my account(s) indicated above and the Bank(s) to accept any credit entries initiated by the CITY AND		
COUNTY OF BROOMFIELD to such account and to credit the same to such account without responsibility for the correctness thereof.		
EMPLOYEE NAME:		
SIGNATURE:	DATE	
If you do not have a city email account, please include the best email address to contact you.		
EMAIL ADDRESS:		
FOR OFFICE LIST ONL	V· Payroll Date: Ini	tiols: