

DIRECT DEPOSIT AUTHORIZATION

The undersigned employee authorizes **THE CITY OF AUBURN HILLS** to make deposits for each biweekly payroll period into the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the Michigan Automated Clearing House Association (MACHA). This authorization will remain in effect until written notice of termination is given to the payroll department.

I understand that my entire Net Pay will be sent to the bank or credit union each pay period until I revoke this authorization. Transfers between accounts at the Bank/Credit Union are the responsibility of the financial institution, and I will contact them concerning this part of my banking activities.

(circle one)

Activate BANK NAME: _____

Address: _____

Deactivate ACCOUNT # _____ ROUTING # _____

Please Circle: CHECKING or SAVINGS

I wish to deposit: \$ _____ or _____ % Net Amount

Activate BANK NAME: _____

Address: _____

Deactivate ACCOUNT # _____ ROUTING # _____

Please Circle: CHECKING or SAVINGS

I wish to deposit: \$ _____ or _____ % Net Amount

Activate BANK NAME: _____

Address: _____

Deactivate ACCOUNT # _____ ROUTING # _____

Please Circle: CHECKING or SAVINGS

I wish to deposit: \$ _____ or _____ % Net Amount

For checking accounts, attach a voided check. **For savings accounts**, attach a direct deposit request that you have obtained from your bank. Please note that in the first pay period after enrolling in direct deposit, you will receive a payroll check.

PRINT NAME: _____

SIGNATURE: _____

Date: _____



By checking the box, I authorize the City of Auburn Hills to email my paystub to the following email address and I understand the last four (4) digits of my social security number are required to access the paystub.
