

## DIRECT DEPOSIT

It's Safe, Secure and Saves Time, Too

Spend just a couple of minutes filling out this form now - and you will save yourself time and effort every payday.

With Direct Deposit, your pay will be deposited automatically into a deposit account at your financial institution.

### Very Real Benefits

Here's what you get when you sign up for Direct Deposit:

- ❖ **Fast Funds Availability:** Each payday morning your pay is available for your use - even if you're out of the office, traveling or on vacation.
- ❖ **No Time-Consuming Trips** to the Bank. Now you can forget setting aside time to go to the bank and standing in teller lines.
- ❖ **Safe and Reliable.** You don't have to worry about stolen or lost checks; and there's no danger of forgery or fraud.
- ❖ **Confidential.** You still receive confidential earnings statements each payday.

**PLEASE ATTACH A VOIDED CHECK!**

### Automatic Payroll Deposit Authorization - Primary Account

Please complete this form and return to the Human Resource Office of the City of Lexington with your personal voided check.

I hereby authorize The City of Lexington, to initiate deposits to my checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

City/State

Routing Number

Account Number

This authorization is to remain in full force and effect until The City of Lexington has received written notification from me of its termination in such time and in such manner as to afford The City of Lexington and Depository a reasonable opportunity to act on it.

Employee Name

Employee ID #

Signature

Date

### Automatic Payroll Deposit Authorization - Secondary Account

Complete and return to the Human Resource Office of the City of Lexington with your personal voided check if you want to split your pay between two deposit accounts.

I hereby authorize The City of Lexington, to initiate deposits to my checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

City/State

Routing Number

Account Number

Amount to be deposited

This authorization is to remain in full force and effect until The City of Lexington has received written notification from me of its termination in such time and in such manner as to afford The City of Lexington and Depository a reasonable opportunity to act on it.

Employee Name

Signature

Date