



CITY OF PETERSBURG

Direct Deposit Enrollment Form

I authorize the City of Petersburg to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) indicated below, and to credit and/or debit 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.

Primary Direct Deposit Account – If no additional accounts are specified, 100% of your net pay will be deposited in the Primary Account.

Bank Name	Transit/Routing Number	Account Number	Amount	(Check One)
			\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Additional Direct Deposit Account

Bank Name	Transit/Routing Number	Account Number	Amount	(Check One)
			\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization is to remain in full force and effect until the City of Petersburg has received written notification from me of its termination in such time and in such manner as to afford the City of Petersburg and my bank a reasonable opportunity to act on it. I understand that in the event my account is closed without proper notification to the City of Petersburg, the process to re-issue funds could take approximately two (2) weeks.

Employee Name	Employee Number	Department Number
Signature	Date	

ATTACH VOIDED CHECK