

AUTHORIZATION FOR PAYROLL DEDUCTION

Initial Enrollment

Change

Cancellation

I authorize the City of Berkley to deposit the following from my NET pay automatically to the financial institution(s) listed below. This will also allow the City of Berkley to adjust entries to correct any errors.

This authority will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time of the Payroll Department.

Print Employee Name

Employee Signature

Date Signed

Direct Deposits can be made to up to 3 financial institutions and/or accounts. Please print the information requested below and return the completed signed form to Payroll along with a blank "voided" check.

NAME OF FINANCIAL INSTITUTION	COMPLETE ADDRESS	SAVINGS OR CHECKING	ACCOUNT #	\$ AMOUNT
				Balance

Section below to be completed by Payroll Department.

NAME OF FINANCIAL INSTITUTION	TRANSIT ROUTING NUMBER	SAVINGS OR CHECKING	ACCOUNT #