

City of Belmont / South County Fire

Employee Direct Deposit Authorization Form

I hereby authorize my employer, City of Belmont / South County Fire Authority, to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) indicated below. Further, I authorize my financial institution(s) to accept and to credit any credit entries indicated by my employer to my account(s). In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information

Employee Name	Social Security Number
Check as applicable: <input type="checkbox"/> Begin Deposit <input type="checkbox"/> Change Information <input type="checkbox"/> Cancel	

Account Information

Checking Account: attach voided check for each checking account.

Savings Account: account # and routing # required.

Account #1	<input type="checkbox"/> Checking	or	<input type="checkbox"/> Savings
I wish to deposit : \$ _____ or <input type="checkbox"/> Entire Net Amount			
Bank Name, City/State: _____			
Account # _____		Routing # _____	

Account #2	<input type="checkbox"/> Checking	or	<input type="checkbox"/> Savings
I wish to deposit : \$ _____ or <input type="checkbox"/> Entire Net Amount			
Bank Name, City/State: _____			
Account # _____		Routing # _____	

Account #3	<input type="checkbox"/> Checking	or	<input type="checkbox"/> Savings
I wish to deposit : \$ _____ or <input type="checkbox"/> Entire Net Amount			
Bank Name, City/State: _____			
Account # _____		Routing # _____	

This authorization is to remain in full force and effect until my employer and financial institution(s) have received written notice from me of its termination in such time and in such manner as to afford my employer and financial institution(s) reasonable opportunity to act on it.

Employee Signature _____ Date _____