

RETURN TO PAYROLL DEPARTMENT

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

Employee Name _____

I have authorized the City of Lockport to deduct the amounts indicated below from each pay for credit to my account(s) as follows:

Institution # 1 _____

(This is the bank where the balance of the net pay is to be deposited)

Checking / Savings Account # _____

Institution # 2 _____

Checking / Savings Account # _____

Amount \$ _____

Institution # 3 _____

Checking / Savings Account # _____

Amount \$ _____

Employee Authorization: _____

Date: _____

Please attach a voided check and/or a deposit slip for your above accounts. If using the Niagara County Federal Union, attach a copy of the upper section of your statement showing your member #. Should you want a further breakdown of your monies with your bank, ex. \$100 to savings and balance to checking, YOU must make those arrangements with your bank.

If you change an account number(s) or if you close out an account, you must notify the Payroll Department 1 week prior to pay week.