



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

I, _____, Employee # _____ do hereby authorize the City of Mesquite payroll clerk to credit my checking account or my savings account, as I have designated on this form, for each pay check to be received by me on a bi-weekly pay period basis. I further agree that it is my responsibility to advise the payroll clerk two (2) weeks prior to a pay period of any change in my banking account information and submit a new Authorization Form before any changes in my direct deposit authorization may be effective.

Signature of Account Holder/Co-Account Holder

Date

My current banking information is as follows:

Bank Name _____

Bank Telephone Number (____) _____

Type of account to be deposited _____
(ONLY SELECT ONE) Checking Savings

Please attach a VOIDED check or savings withdrawal slip (**NO DEPOSIT SLIPS**).

(PLEASE ATTACH VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP HERE)