



City and Borough of Sitka

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name

Last 4 digits of Social Security Number

Effective Date _____

- Initial Enrollment
- Cancellation
- Change Account #
- Change Amount

I authorize and request the City and Borough of Sitka to direct deposit the net amount of my payroll funds to my account(s) as indicated below:

Financial Institution _____

Bank Routing Number _____

	Amount	Payrolls
<input type="checkbox"/> Savings Account # _____	_____	1st 2nd
<input type="checkbox"/> Checking Account # _____	_____	ALL

Cancellation of this authorization can be initiated by any participating party, myself, my financial institution, or the City and Borough of Sitka. To be effective, cancellation must be in writing and must be delivered to all parties before the end of the pay period. I also authorize the City and Borough of Sitka to make adjustments to the above account to correct any credit entries made in error. I further understand that direct deposit will begin after the above account information has been electronically verified.

Once these monies are delivered according to these instructions, all parties agree that the City and Borough of Sitka no longer holds any right or title to or control over the funds deposited.

Employee Signature Date

Authorized Employer Signature Date

Please return form to:
City and Borough of Sitka
Lindsey.vilandre@cityofsitka.org
Fax (907) 747-0536 (payroll)
Questions? Please call 747-1825