



CITY OF RIVIERA BEACH EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

EMPLOYEE INFORMATION

Name: _____ City ID Number: _____
(First, Middle, Last)

Department/Division: _____ Telephone Number: _____

PRIMARY ACCOUNT INFORMATION

☐ New Setup ☐ Cancel ☐ Change Account Information (Bank or Account) ☐ Change Current Primary to Secondary Account

Financial Institution's Name: _____

Routing / ABA Number: _____ Account Number: _____

(Net Pay will be deposited to the Primary Account.) Type of Account (check one): ☐ Checking ☐ Savings

SECONDARY ACCOUNT INFORMATION

	Account Type	New	Cancel	Change Account Information	Change to Primary Account	Name of Financial Institution	Routing/ABA Number	Account Number	Amount per Pay Period
1	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Please include a confirmation of account information on the financial institution's letterhead or a voided check. When submitting the documentation, it should contain the name of the account, electronic routing transit number, account number, and type of account. If submitting on a financial institution's letterhead, the officer's name and signature are required. This information will be used to verify your account number.

AUTHORIZATION: I hereby authorize the City of Riviera Beach (City) to initiate credit entries, initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the Financial Institution indicated above to credit and/or debit the same to such account.

This Authorization Agreement is effective as of the date below and is to remain in full force and effect until the City has received written notification from me of its termination in such time and such manner as to allow the City and the Financial Institution a reasonable opportunity to act on it. The City will continue to send the direct deposit to the Financial Institution indicated above until notified by me to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit an updated Authorization Agreement to the City. The Direct Deposit will not begin until the second pay period after which the City has received the Direct Deposit Authorization Agreement from me.

Employee's Signature: _____ Date: ____/____/____
(Must be original signature) Month /Day /Year