



# 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	Checking Savings								
2	Checking Savings								
3	Checking Savings								
4	Checking Savings								
5	Checking Savings								
6	Checking Savings								

**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