

CITY OF DOTHAN

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

Last 4 digits of Social Security # _____ **Or Employee ID #** _____

1. **New Request**

Change Request

I hereby authorize the City of Dothan to initiate credit entries to my account with the Financial Institution(s) indicated below. Further, I authorize the City of Dothan to initiate, if necessary, debit entries and adjustments for direct deposit transactions. This authorization is to remain in full force and effect until the City of Dothan has received written notification from me of its termination in such time and in such manner as to afford the City of Dothan and the Financial Institution a reasonable opportunity to act on it.

Notice to Employees:

- ✓ *This form will override all other direct deposit authorization forms*
- ✓ *You may deposit into 2 different accounts/banks, either checking or savings accounts only.*
- ✓ *You must specify one default account as the Primary account.*
- ✓ *In order to ensure accuracy of information, please submit a "voided" check (checking) or a bank letter for each account listed.*
- ✓ *Your first pay check, after form is received, will be a paper check. This allows us to validate your bank account and routing # prior to initiating direct deposit into the account(s)*
- ✓ *Paystubs are viewed on the employee portal: <https://www2.dothan.org/Click2GovESS/index.html>*
- ✓ *Paystubs for direct deposit are not sent out, but can be printed from the employee portal.*

1. PRIMARY/DEFAULT ACCOUNT [Required for all new entries]

Bank Name: _____

Routing #: _____ (must be 9 digits)

Account #: _____

Account Type: Checking Savings

Amount to Deposit: Entire Net Pay (for single account only)

Remaining Net Pay (multiple accounts)

2. SECONDARY ACCOUNT [optional]

Bank Name: _____

Routing #: _____ (must be 9 digits)

Account #: _____

Account Type: Checking Savings

Amount to Deposit: \$ _____ (flat amount) or _____ % (percentage)

SIGNATURE: _____ **DATE:** _____

Required

Required

AUTHORIZATION FOR CANCELLATION OF DIRECT DEPOSIT

I hereby authorize THE CITY OF DOTHAN to cancel my NET PAY Direct Deposit. I understand that this cancellation must be received in the Personnel Department at least five (5) working days prior to the paydate for which it is to be effective.

Name: _____ Social Security Number: _____

Signed: _____ Date: _____

For Personnel Use Only

Date Rec'd in Personnel _____ Pay Date to be Effective _____

MM/CANCELDD.WPD