



Direct Deposit Agreement Form

City of Redlands

Authorization Agreement

I hereby authorize the City of Redlands to initiate automatic deposits to my account at the financial institution named below. I also authorize the City of Redlands to make withdrawals from this account in the event that a credit entry is made in error. I understand a pre-note will be issued on the payroll following the submission of this form to confirm the banking information supplied is accurate.

Further, I agree not to hold the City of Redlands responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the City of Redlands receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

START | STOP

Primary Account

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

START | STOP

Secondary Account

Name of Financial Institution: _____ Flat Amount \$ _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Print Name: _____ Employee ID#: _____

Authorized Signature: _____ Date: _____

Please attach a voided check or direct deposit sign-up form from your financial institution and return this form to the Finance Department / Attn: Payroll