



City of Onalaska

Direct Deposit Authorization

Name _____

I hereby authorize the City of Onalaska, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository(s) named below to credit and/or debit the same to such account(s). I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my financial institution(s) is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

Please attach an original voided check or ACH instructions from your financial institution for each account listed.

a new request a change to an existing direct deposit a stop on a request

Name of Financial Institution _____

9-Digit Routing # _____ Account # _____

Amount \$ _____ Or % _____ Or Balance

Checking or Savings

a new request a change to an existing direct deposit a stop on a request

Name of Financial Institution _____

9-Digit Routing # _____ Account # _____

Amount \$ _____ Or % _____ Or Balance

Checking or Savings

This authority is to remain in full force and effect until the City of Onalaska has received written notification from **me** of its termination in such time and in such manner as to afford the City of Onalaska and the FINANCIAL INSTITUTION(S) a reasonable opportunity to act on it.

Please note that your first paycheck after your initial enrollment will be a paper check.

Signature: _____ Date _____