

CITY of PEABODY
DIRECT DEPOSIT ACTION REQUEST

Print Name: _____ DEPT: _____

Address: _____

Bank name: _____

Bank address: _____

Your phone number: _____ Bank phone number: _____

Circle type of account, circle one: Savings Checking*

Bank Routing number: _____

Your Account number: _____

I hereby authorize you to deduct the following amount from my pay:

Check appropriate box.

☐ \$ _____ (AMOUNT)

☐ 100% Direct Deposit of net pay

***Please bring this form in person to HR Dept. with a copy of a voided check.**

Signature: _____ Date: _____

REQUEST TO STOP or CHANGE EXISTING DIRECT DEPOSIT PAYROLL DEDUCTION

ANY change to a direct deposit is expected to cause one paper check to be issued. Open check envelopes.

I _____ hereby authorize you to stop my Direct Deposit deduction.
(Print name)

Bank Name: _____ Account Number: _____

Change from (amount): _____ Change to (amount or none): _____

Effective payroll date of change: _____

Signature: _____ Date: _____

NOTE: EMPLOYEE MUST INFORM THE HR DEPT. OF MAILING ADDRESS CHANGES AS IMPORTANT INFORMATION IS OFTEN MAILED.

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