EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

CHARTER TOWNSHIP OF WATERFORD

Full time employees

STEPS FOR COMPLETING THIS FORM

1. Fill in all boxes below.
2. Must attach a voided check to this authorization form.
3. Sign and Date this form.
4. If the account is not in your name alone, have the other account holder also sign and date this form.

NOTE: Starting, changing or stopping a bank account direct deposit will require two pays to go into effect from the date that the payroll department receives this form.

Last Name

First Name

Amount or Net

Phone number ___ ___

Ownership of Account

Self Joint Other

Check Action

New Change Cancel

Account Type

Checking Savings

By signing this agreement, I authorize Waterford Township to initiate entries to the Account indicated above.

Signature: _____ Date ____ / ____ / ____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature: _____ Date ____ / ____ / ____

Return to: Waterford Township Payroll Dept, 5200 Civic Center Drive, Waterford, MI 48329

OFFICE USE ONLY:

Received by the payroll department on _____ by _____.