CITY OF HAMMOND
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

***PLEASE BE ADVISED DIRECT DEPOSIT WILL NOT START IMMEDIATELY. THE FIRST DEPOSIT WILL BE TO TEST FOR ERRORS.**

EMPLOYEE SSN	DEPARTMENT

Action Type (one)

☐ New ☐ Change ☐ Terminate This Option

BANK ACCOUNT INFORMATION

DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO THE DOLLAR AMOUNT SPECIFIED BELOW OR THE PECENTAGE OF NET PAY SPECIFIED BELOW.

FINANCIAL INSTITUTION NAME	ACCOUNT NAME (Ex: Mr. And Mrs John Doe, John or Jane Doe, John Doe)

FINANCIAL INSTITUTION ROUTING (ABA) NUMBER **A**	BANK ACCOUNT NUMBER **B**

ACCOUNT TYPE (one) (Bank Control Key)	Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:
☐ CHECKING (PROVIDE VOIDED CHECK OR ACCOUNT VEREIFCATION)	Signature from insitution: _____
☐ SAVINGS (obtain account # & ABA # from financial institution)	Phone number: _____

PERCENT OF NET TO THIS ACCOUNT _____ OR FIXED DOLLAR AMOUNT TO THIS ACCOUNT_____

**Please Specify the Percentage of your Payroll Check you wish to have Direct Deposited to this Bank Account. (ex. 50%, 75% or 100%)*

**Please Specify the Dollar Amount of your Payroll Check you wish to have Direct Deposited to this Bank Account. (ex. $50.00, $100.00, or $300.00)*

I, _____, authorize and request the City of Hammond to direct my net pay check to the account at the financial institution I designated above. **I am fully aware that the funds from my check will not normally be available to me until the Friday morning following the end of the pay period.**

For any funds paid to me which are not due and owing to me, I hereby agree and authorize the payroll department to adjust the next amount due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months (not to exceed 6 months).

It is my responsibility to notify the payroll department should any changes occur to the account specified. Considering all above conditions are met, this authorization remains in full effect until a written, or signed notification to terminate, or another signed form indicating termination of this option is received from me and the payroll department has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my account.

_____ _____ _____

Signature Date Daytime Phone

☐ **CHECK HERE IF THIS DEPOSIT IS FOR PRIMARY ACCOUNT**

☐ **CHECK HERE IF THIS DEPOSIT IS FOR SECONDARY ACCOUNT**

You must submit the direct deposit form from your bank or financial institution which includes routing number and account number