



DIRECT DEPOSIT AUTHORIZATION

PAYEE INFORMATION

Employee Name: _____ Employee Number: _____

Employee phone number: _____ Employee Dept.: _____

Make an election for pay. Must select one:

Action	Bank Routing/Transit # (9 digits)	Account Number (Up to 17 digits)	Deposit Type	Account Type <i>*Primary/Default</i>
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Stop	_____	_____	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> Remainder	<input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Eff Pay Date:	Financial Institution (name, city, state):			

Action	Bank Routing/Transit # (9 digits)	Account Number (Up to 17 digits)	Deposit Type	Account Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Stop	_____	_____	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> Remainder	<input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Eff Pay Date:	Financial Institution (name, city, state):			

Action	Bank Routing/Transit # (9 digits)	Account Number (Up to 17 digits)	Deposit Type	Account Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Stop	_____	_____	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> Remainder	<input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Eff Pay Date:	Financial Institution (name, city, state):			

2. Money Network Payroll Debit Card (default option) - you will be issued a card from Payroll

<input type="checkbox"/> Add <input type="checkbox"/> Stop	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent _____ % <input type="checkbox"/> Remainder
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I HEREBY AUTHORIZE THE CITY & BOROUGH OF JUNEAU (CBJ) TO INITIATE DEPOSITS (CREDIT) AND/OR CORRECTIONS (DEBIT) TO PREVIOUS DEPOSITS TO THE FINANCIAL INSTITUTION(S) INDICATED. THE FINANCIAL INSTITUTION(S) ARE HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT (DEBIT) AMOUNTS TO MY ACCOUNT(S). I understand that the CBJ will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account(s). Further, I agree *not* to hold the CBJ 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 for the duration of my employment or until the CBJ receives written notice of cancellation or change from me or my financial institution to Payroll.

I HEREBY AUTHORIZE THE CBJ to deposit other payments/reimbursements from Finance - Accounts Payable directly to the **Primary/Default* account indicated above and to initiate, if necessary, any debit entries and adjustments for any direct deposit errors made.

The Payee understands that *it is the Payee's responsibility* to check the account(s) after payment to ensure that the account(s) were properly credited.

Employee Signature: _____ Date: _____

Payroll verifies any banking changes with the employee!
Scan form and attachments to: payroll.office@juneau.gov
Deadline: 10 days prior to the next pay date

Payroll use Verification

With: _____

Date: _____

By: _____