



City of Chelsea
AUDITING DEPT., Room 208

DIRECT DEPOSIT
PAYROLL DEDUCTION

Print Name: _____ DEPT: _____

Bank name: _____

Bank address: _____

Bank phone number: _____

Circle one: Savings Checking

Routing number: _____ Account number: _____

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

Please check appropriate box.

[] \$ _____ (AMOUNT)

[] 100% Direct Deposit

Signature: _____ Date: _____

Please bring this form in person with a copy of a voided check.

CHANGE DIRECT DEPOSIT
PAYROLL DEDUCTION

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

Bank Name: _____ Account Number: _____

Amount of Direct Deposit: _____

Effective date of: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date processed: _____

Initials: _____