



# Direct Deposit Authorization Form

→ Paydays are every other Friday

•Please Print•

Employee Name:	
Phone:	
Email:	
Department:	

Please check the following which apply:

- ☐ New direct deposit (documentation required) ☐ Addition to current direct deposit (documentation required)  
☐ Cancel or Change in dollar amount to a current direct deposit

**REQUIRED** for New or Added Direct Deposits: Please attach verification of bank routing number and account number using any of the following documents:

- voided check(s) or photocopy of one
- printout from your financial institution that verifies account/routing number information

**NO DIRECT DEPOSITS WILL BE SET UP UNTIL THE REQUIRED DOCUMENTATION VERIFYING ROUTING AND ACCOUNT INFORMATION IS PROVIDED.  
EMPLOYEES ARE RESPONSIBLE FOR PROVIDING THE REQUIRED INFORMATION**

•Please Print•

Financial Institution Name:	
Financial Institution City/State:	
Account Type:	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number:	
Deposit Amount:	<input type="checkbox"/> Net Check or <input type="checkbox"/> \$_____ per check

2 <sup>nd</sup> Financial Institution Name:	
Financial Institution City/State:	
Account Type:	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number:	
Deposit Amount:	<input type="checkbox"/> Net Check or <input type="checkbox"/> \$_____ per check

I authorize the City of Billings, and the financial institution(s) listed above to initiate electronic credit entries and if necessary, debit entries and adjustments for any entries in error to my account each payday; and verification that the account information is correct and active. This authorization will remain in effect until I have cancelled it in writing and the documentation is received by City of Billings HR/Payroll, at least 4 business days prior to the payday of change.

Employee Signature:	
Date:	

Completed form with supporting documents can be email to: [Payroll@billingsmt.gov](mailto:Payroll@billingsmt.gov)