



CITY OF ORLANDO

MEMORANDUM

TO: PAYROLL – ACCOUNTING & CONTROL DIVISION

SUBJECT: DIRECT DEPOSIT EMPLOYEE PAYROLL AUTHORIZATION

To sign up or change account and financial information for direct deposit, please fill out the information below and **ATTACH REQUIRED DOCUMENTATION**. Your request for direct deposit will begin the first pay period after your account information has been verified.

EMPLOYEE NAME: _____ **EMPLOYEE NUMBER:** _____

WORK PHONE: _____ **HOME PHONE:** _____

I hereby authorize the City of Orlando to initiate credit entries and to initiate, if necessary, debit entries and adjustments of any credit entries in error to my ___ **Checking** account or ___ **Savings** account (check one) indicated below and the depository named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION: _____ **BRANCH:** _____

CHECKING ACCOUNT NUMBER: _____ **VOIDED CHECK MUST BE ATTACHED**

SAVINGS ACCOUNT NUMBER: _____ **VOIDED CHECK IF APPLICABLE; OTHERWISE, A SAVINGS DEPOSIT SLIP**

This authority is to remain in full force and effect until the City of Orlando has received **WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION** in such a manner as to afford the City of Orlando a reasonable opportunity to act on it.

PLEASE NOTIFY CENTRALIZED PAYROLL IMMEDIATELY IF YOU CHANGE YOUR FINANCIAL INSTITUTION ACCOUNT NUMBER. FAILURE TO DO SO COULD RESULT IN YOUR NOT RECEIVING YOUR DEPOSIT IN YOUR ACCOUNT.

EMPLOYEE'S SIGNATURE _____ **DATE:** _____

Please call Payroll at (407) 246-2380, if there are any questions.