



CITY OF ORLANDO

DIRECT DEPOSIT AUTHORIZATION

You must attach documentation to ensure correct account/routing numbers.

PHONE _____ CELL PHONE _____

Employment status: Weekly ___ Biweekly ___ **Employee#** _____

NAME _____

IF Retired: SSN# _____ Civil Service (police/fire) ___ or General ___

Financial Institution (BANK NAME) _____

Checking account # _____ Attach a VOIDED Check

OR Savings account # _____

You must attach documentation to ensure correct account/routing numbers.

Orlando Federal Credit Union only:

Set deduction amount of \$ _____ into

Checking account # _____ OR Savings account # _____

I hereby authorize the City of Orlando to initiate credit entries to my account. I also authorize the City of Orlando and the depository named above to initiate, (if necessary), debit entries or adjustments of any credit entries in error to my account indicated above.

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.

If you close or change your banking account number notify Centralized Payroll IMMEDIATELY. Failure to do so could result in deposit failure.

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