The City of Dover

Finance Department-Payroll Office

EMPLOYEE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize and request the City of Dover, hereinafter called CITY, to make payment of any amounts owing to me for my wages by initiating credit entries to my account indicated below in the financial institution named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by CITY to such account and to credit the same to such account without responsibility for the correctness thereof.

Please print clearly!	Employee ID#	
Name	Telephone Number	
(1)		
Bank Name Bank Address	Bank Telephone	
Account Number	Checking Savings	
Routing Number	Specific Amount? or All	
Notes:		
(2)		
Bank Name Bank Address	Bank Telephone	
Account Number	Checking Savings	
Routing Number	Specific Amount? or All	
Notes:		
PLEASE NOTE: A voided check or documented account number and routing number. We cannot de	ntion from the Institution is needed for verification of your accept Deposit Slips.	
For New Employees or first time direct deposit: After receipt of your direct deposit form, it takes one pay cycle be	efore your direct deposit is active. You will receive a check for this pay cycle.	
Employees changing financial institutions: Your current Direct Deposit will be inactive for one pay cycle: Y	ou will receive a check for this pay cycle.	

I understand by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct.
- Collecting overpayments from the receiver, if I do not change or stop the direct deposit.
- Reviewing my payroll statement to ensure the direct deposit stops, starts or changes.

I also understand that any problems once the allotment is delivered to the receiver are beyond the control of the City of Dover and that the City of Dover Payroll office is only responsible for ensuring proper delivery to the Bank and account number I have listed above.

Employee Signature	Date