



OFFICE OF THE CONTROLLER
PAYROLL/PERSONNEL SERVICES DIVISION

Direct Deposit Authorization Form

By enrolling in direct deposit, I understand that my pay will be automatically deposited in the account(s) that I designate below, and I understand I will be able to access my pay data securely via the ePayroll Internet-site at <http://www.sfgov.org/paystub>.

Dept. ID			Employee Name			Employee ID				
			Last	First	M.I.					

*PLEASE NOTE: IF DUAL/MULTIPLE POSITION (Y OR N)
: PRENOTE: YES OR NO

Direct Deposit Authorization

I authorize the financial institution(s) below to electronically deposit my specified pay amounts from the City and County of San Francisco to the specified account each pay day. I also authorize the City and County of San Francisco to direct the financial institution(s) below to debit this account in the event that an incorrect amount is deposited. This authority will remain in effect until I have filed a change authorization, cancellation, or upon termination of my employment with the City and County of San Francisco. I understand that it may take up to three (3) pay periods to establish direct deposit with my financial institution(s). I understand that I must submit a new Direct Deposit Authorization form at least two (2) weeks before I close any of the accounts indicated below; otherwise, I may experience a delay of 72 hours or more before receiving my pay.

NET PAY BALANCE ACCOUNT – This account can only be deleted if all other accounts are deleted.

Financial Institution #1: _____

NEW Direct Deposit Account or **CHANGE** Existing Account or **DELETE** This Account

Checking or share draft account: *Staple a voided check to the front of this form*

Savings account: *Contact your financial institution for the correct Transit/ABA number and account number*

 9 digit Transit/ABA #

 Account #

FIXED AMOUNT ACCOUNTS – Specify up to 3 in Priority Order (including when changes are made)

Financial Institution #2:

Financial Institution #3:

Financial Institution #4:

Fixed amount:
\$ _____ of my net pay

Fixed amount:
\$ _____ of my net pay

Fixed amount:
\$ _____ of my net pay

NEW Direct Deposit Account

NEW Direct Deposit Account

NEW Direct Deposit Account

CHANGE Existing Account

CHANGE Existing Account

CHANGE Existing Account

DELETE This Account

DELETE This Account

DELETE This Account

Checking or share draft account
(staple voided check)

Checking or share draft account
(staple voided check)

Checking or share draft account
(staple voided check)

Savings account

Savings account

Savings account

 9 digit Transit/ABA #

 9 digit Transit/ABA #

 9 digit Transit/ABA #

 Account #

 Account #

 Account #

Employee's Signature _____ Date _____

Work Phone # _____ Home Phone # _____ Shift _____

PPSD USE ONLY: Operator _____ Date Entered _____ Form 1086A (rev. 08/23/2012)

- staple voided check(s)