



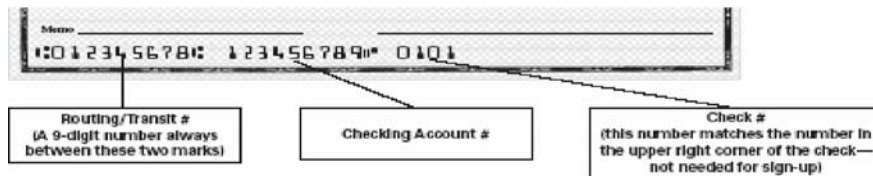
# CITY OF WILLISTON FLORIDA

50 N.W. Main ST. • P.O. Drawer 160 • Williston, Florida 32696-0160  
Phone (352) 528-3060 • Fax (352) 528-2877

## Employee Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to your payroll department. In addition to this form, please attach a voided check, not a deposit slip, for each checking account listed below. If depositing into a savings account, ask your bank to give you the Routing/Transit number for your account as it isn't always the same as the number on a savings deposit slip.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



### Important! Please read and sign before completing and submitting.

I hereby authorize the **City of Williston** to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by the City of Williston to my account. In the event that the City of Williston deposits fund erroneously into my account, I authorize my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the City of Williston and Bank have receive written notice from me of its termination in such time and in such manner as to afford the City of Williston and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

Please be sure to specify the amount or percentage to be deposited into each account if depositing into more than one account. The total percentage must equal 100%

- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_.\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_.\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_.\_\_\_\_ or  Entire Net Amount