

CITY OF HANFORD
PAYROLL: Direct Deposit Enrollment/Change Form
(Effective: Please allow 30 Days after submitting to Finance Dept.)

Employee Name:	
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<p>Voided Check or Bank Account Printout is <u>Required</u></p> <p><i>(We use these required forms to verify that we are sending your paycheck to the correct bank and/or account)</i></p>

If you have additional accounts, please enter on lines 2-4.

	Financial Institution ("Bank") Name Address, City, State, Zip Code	Routing/Transit Number	Checking/Savings Account Number	Account Type (Checking/Savings)	Amount
1	Reference Above Attached Check				
2					
3					
4					

I authorize the City of Hanford, to initiate credits and/or corrections to previous credits, to the financial institutions designated above.

Signature

Date

CITY OF HANFORD
Finance Department
315 N. Douty St., Hanford CA 93230
Tel: 559-585-2507, Fax: 559-582-1152

☐ Initial Form
☐ Change