

CITY OF HANFORD
PAYROLL: Direct Deposit Enrollment/Change Form

(Effective: Please allow 30 Days after submitting to Finance Dept.)

Employee Name:

Voided Check or Bank Account Printout is Required

(We use these required forms to verify that we are sending your paycheck to the correct bank and/or account)

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