



Local Government Commission

Leaders for Livable Communities

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Manager – Please complete this section and enter data into the payroll system for employee enrollment.

Date Received: _____

Date Entered: _____

Company Name: Local Government Commission

Payroll Manager Name: Mainou Xiong

Payroll Manager Signature: _____

To enroll in full service direct deposit, please complete this form and submit to your Payroll Manager. Attach a voided check for each account – not a deposit slip. If you are depositing to a savings account, ask your bank to give you the routing/transit number for your account. It is not always the same as the number on a savings deposit slip. This will help ensure you are paid correctly.

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

The image shows a sample MICR line from a check: ⑆012345678⑆ 123456789⑆ 0101. Three callout boxes point to specific parts of the line:

- Routing/Transit #**
(A 9-digit number always between these two marks)
- Checking Account #**
- Check #**
(this number matches the number in the upper right corner of the check— not needed for sign-up)

IMPORTANT! Please read and sign before completing and submitting.

I, hereby, authorize Employer, directly or through its payroll service provider, to deposit any amounts owed me, 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 credit entries indicated by Employer, either directly or through its payroll service provider, to debit 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 Employer and Bank have received written notice from me of its termination in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____

Date: _____

Account Information

The last item must be for the remaining amount owed to you.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name: _____
Routing/Transit #: _____ Account #: _____
☐ Checking ☐ Savings ☐ Other I wish to deposit: \$_____.____ or ☐ Entire Net Amount
2. Bank Name: _____
Routing/Transit #: _____ Account #: _____
☐ Checking ☐ Savings ☐ Other I wish to deposit: \$_____.____ or ☒ Entire Net Amount