



CITY OF OMAHA AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

I hereby authorize the **CITY OF OMAHA** to initiate credit/debit entries to the account indicated below, and the **DEPOSITORY FINANCIAL INSTITUTION** named below to credit/debit that account.

Employee Name _____ SSN _____
(Please Print)

Please indicate which of the following categories this Direct Deposit Authorization applies to:

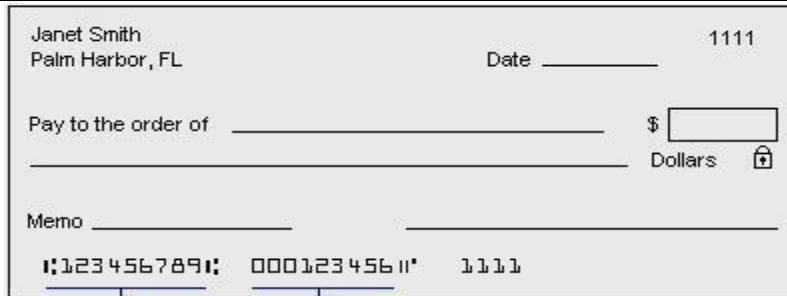
- Current City Employee – Regular Payroll (Full Time Part Time)
- Retired City Employee (or Beneficiary) – Pension Payroll
- Retired City Employee – Returning to Work Part-time – Regular Payroll
- Retired or Former City Employee – Worker’s Compensation Payroll

Bank Name _____ Bank Routing # _____
Account Type Checking or Savings Your Account# _____

This authority is to remain effective until the **CITY OF OMAHA** has received written notification from me of its termination in such time and in such manner as to afford the **CITY OF OMAHA** a reasonable opportunity to act on it. I understand that the **CITY OF OMAHA** may terminate this agreement upon notification from my bank, in the event of my death, or when final payment is made upon termination of employment.

Date _____ Signature _____

A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT (IF DEPOSITING INTO A CHECKING ACCOUNT) FOR VERIFICATION OF BANK ROUTING NUMBERS AND ACCOUNT NUMBERS.



Bank Routing Number Bank Account Number

Sample Check

**Attach Voided or Photocopied
Check Here

(No Deposit Slip)**