

City of Ceres

Authorization for Direct Deposit

Please accept this request as your authority to electronically deposit my net pay each payday to the following financial institution(s):

	Name of Bank	ABA Transit Number	Account Number	Checking (c) or Savings (S)	Percentage or Fixed Amount
1					
2					
3					
4					
5					
6					
7					
8					

Employee Name (print)

Department

Employee Signature

Date

For Payroll Use Only:

Prenote CK date _____

Transmit CK date _____

Active PPE date _____