

DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM

<input type="checkbox"/> ENROLL ME IN DIRECT DEPOSIT		<input type="checkbox"/> CHANGE MY DIRECT DEPOSIT	
LAST NAME:	FIRST NAME:	DEPARTMENT:	
EMPLOYEE #:	CELL PHONE NUMBER:	HOME PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:
<input type="checkbox"/> Deposit to my CHECKING or MONEY MARKET account <i>(my name is on this account)</i>
<input type="checkbox"/> Deposit to my SAVINGS account <i>(my name is on this account)</i>
I am ATTACHING <i>(check one and STAPLE HERE)</i>
<input type="checkbox"/> a PHOTOCOPY of a CHECK with my preprinted name and current address
<input type="checkbox"/> a CHECK marked " VOID " with my preprinted name and current address
<input type="checkbox"/> an official BANK FORM , certified and stamped by a banking official, which provides my account number and the bank routing number
<input type="checkbox"/> a DEPOSIT SLIP for my savings account PLUS the bank routing number shown below: <hr style="width: 50%; margin-left: 0;"/>

PLEASE NOTE:
<p>The Town of Atlantic Beach (TOAB) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the Town can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office immediately if you change banks or account numbers. The TOAB has the right to retract and correct payments, as necessary.</p> <p>This completed form must be received no less than 7 days prior to your next payday for the direct deposit to be effective for the next pay period.</p>

<i>I authorize my salary payment to be routed to the bank or financial institution listed on this form and deposited into the account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program.</i>	
SIGNATURE:	DATE: