

CITY of PEABODY  
DIRECT DEPOSIT ACTION REQUEST

**Print Name:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Bank name:** \_\_\_\_\_

**Bank address:** \_\_\_\_\_

**Your phone number:** \_\_\_\_\_ **Bank phone number:** \_\_\_\_\_

Circle type of account, circle one:      Savings      Checking\*

**Bank Routing number:** \_\_\_\_\_

**Your Account number:** \_\_\_\_\_

I hereby authorize you to deduct the following amount from my pay:

Check appropriate box.

\$ \_\_\_\_\_ (AMOUNT)

100% Direct Deposit of net pay

**\*Please bring this form in person to HR Dept. with a copy of a voided check.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**REQUEST TO STOP or CHANGE EXISTING DIRECT DEPOSIT PAYROLL DEDUCTION**

**ANY change to a direct deposit is expected to cause one paper check to be issued. Open check envelopes.**

I \_\_\_\_\_ hereby authorize you to stop my Direct Deposit deduction.  
(Print name)

**Bank Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Change from (amount):** \_\_\_\_\_ **Change to (amount or none):** \_\_\_\_\_

**Effective payroll date of change:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: EMPLOYEE MUST INFORM THE HR DEPT. OF MAILING ADDRESS CHANGES AS IMPORTANT INFORMATION IS OFTEN MAILED.**

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