



Paper Check Date: _____
Direct Deposit Date: _____

Direct Deposit Authorization Form

Enrollment and Changes

Section A. Employee Information

Last Name	First Name	
Employee Number	Department	Phone Number

Section B. Banking Information

In order to process your request to set-up or add a direct deposit account, you must attach one of the following documents to this request:

1. A voided check for the new checking account you are requesting (**starter checks are not acceptable**).
2. Direct deposit authorization form from your financial institution
3. OR a formal letter from your financial institution (**must be signed by representative of the financial institution**).

Authorization forms and formal letters must have the routing number, account number and your name pre-printed, along with the type of account on the document.

Select one of the following:

- _____ **New Employee Enrollment**
- _____ **Change to Current Direct Deposit Set-Up**

Describe in detail what type of change(s) you are requesting; include your current direct deposit account(s) on file:

Section C. ACH compliance with OFAC

I acknowledge that electronic payments to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following statements:

- I confirm that, regarding electronic payments the City of Fayetteville may send to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account. I understand that if my entire payment amount becomes subject to being transferred to a foreign account in the future, I must notify the Payroll Division in the Finance Department.
- I confirm that, regarding electronic payments the City of Fayetteville may send to the financial institution for credit to the account that I have designated, the entire payment amount **is** subject to being transferred to a foreign bank account. I understand that any electronic payments that may be sent to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

Section D. Signature Authorization

This authorization will remain in full force and effect until the City of Fayetteville is notified in writing by me of termination of service, allowing the City of Fayetteville reasonable time to act on my notification. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Employee Signature: _____ **Date:** _____

This authorization is non-negotiable and non-transferable; it will be on file in the payroll department until a subsequent change of direct deposit is processed or until the employee terminates employment.