

**CITY OF MIAMI SPRINGS
FINANCE DEPARTMENT**

DIRECT DEPOSIT FORM

EMPLOYEE NAME: _____
PLEASE PRINT

DEPARTMENT: _____

TO BE COMPLETED BY EMPLOYEE FOR DIRECT DEPOSIT REQUESTS/CHANGES

NAME OF FINANCIAL INSTITUTION: (BANK, CREDIT UNION, SAVINGS & LOAN)
YOUR BRANCH ADDRESS: (STREET, CITY & ZIP)
BRANCH PHONE NUMBER:
ABA ROUTING NUMBER: _____ (SERIES OF #'S ON CHECK BEFORE CHECKING ACCT. #)

ACCOUNT NUMBER: _____

CHECKING **AMOUNT / PERCENT** _____

(VOIDED CHECK OR A PRINT OUT FROM THE BANK IS NEEDED FOR CHECKING ACCT. BACKUP)

ACCOUNT NUMBER: _____

SAVINGS **AMOUNT / PERCENT** _____

(PRINT OUT FROM THE BANK WITH ABA/ACCT. INFO IS NEEDED FOR SAVINGS ACCT. BACKUP)

CONFIRMATION OF INPUT
BY FINANCE-PAYROLL REPRESENTATIVE

SIGNATURE OF EMPLOYEE

FINANCE DEPARTMENT

DATE: _____

DATE: _____

This conditional of employment document has been completed by the employee.
The original will be maintained in confidence by the Finance Department's payroll division.