DIRECT DEPOSIT AUTHORIZATION

Please fill out and return to:

CITY OF YUKON

Attn: Cindi Shivers, HR Director
PO Box 850500
Yukon, OK 73085-0500

Start	
Change	
Cancel	

I authorize you and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account ☐ Savings Account

This authority will remain in effect until I have cancelled it by giving a thirty (30) day written notice or by termination of employment.

Financial Institution

Employee Name - Owner of Account (please print)

Employee's Signature Date

Transit Routing Number

⑆ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ⑆

ABA

Account Number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please allow thirty (30) days for implementation of direct deposit

For office use only:

Date Implemented: _____ Prenote Completed: _____

Please attach deposit slip or voided check here

or