



City of Kenai Payroll Direct Deposit Authorization Form

Employee Name _____

I hereby authorize the direct deposit of my paycheck each payday as allocated below. This authorization agreement is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to afford the City and depository a reasonable opportunity to act on it. This authorization agreement may also be terminated by the City of Kenai.

In the event that the City of Kenai notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the City as soon as possible.

This authorization is to become effective beginning _____

1st Allocation

Name of Financial Institution: _____ Type: Checking Savings

Account #: _____ Amount or %: _____

2nd Allocation

Name of Financial Institution: _____ Type: Checking Savings

Account #: _____ Amount or %: _____

3rd Allocation

Name of Financial Institution: _____ Type: Checking Savings

Account #: _____ Amount or %: _____

4th Allocation

Name of Financial Institution: _____ Type: Checking Savings

Account #: _____ Amount or %: _____

Employee's Signature

Date

You must attach a voided check (checking accounts) or a deposit slip (savings accounts) in order for the City to process your authorization request.