



DIRECT DEPOSIT APPLICATION

I hereby request that the City of Jacksonville, Florida hereafter called the City begin depositing my net pay into the account indicated below. Due to the pre-notification trial run, I understand it can take up to FOURTEEN DAYS before the actual deposit will be credited to my account. During this time frame I will receive a paper check until the first deposit is made.

By my signature, I authorize the City to reverse any erroneous deposits made into my account that does not belong to me. Should a reversal be required, the City will make every possible effort to notify the employee of the pending reversal. Since unforeseeable incidents do occur from time to time we the City advise the employee not to write checks on un-deposited funds. Be advised that the City WILL NOT refund any over draft charges that may occur because of checks written on un-deposited funds.

NAME: _____

EMPLOYEE ID: _____ Dept: _____

CONTACT NUMBER: _____

BANK NAME: **City & Police Federal Credit Union**

TRANSIT ROUTING NUMBER: **2630 7928 9**

ACCOUNT NUMBER: _____

CHECKING or SAVINGS (circle one)

This authorization is to remain in effect until the City receives written notification from me to terminate this request. Termination of this request can take up to FOURTEEN DAYS after the written notification is received.

In the event of termination of employment with the City I am aware that my deposit will be terminated and any monies owed me, will be given in the form of a paper check.

I understand the City retains the right to pay by paper check in lieu of direct deposit in the event of an unforeseen problem or emergency situation.

SIGNATURE: _____ DATE: _____

A BLANK VOIDED CHECK OR A COMPLETED SHARE DRAFT ORDER FORM MUST BE ATTACHED TO THIS FORM BEFORE ANY ACTION CAN BE TAKEN TO SET UP A DEPOSIT.

PLEASE NOTE: YOU DO NOT HAVE TO COMPLETE A STOP DIRECT DEPOSIT FORM IF YOU ARE ONLY CHANGING YOUR BANK INFORMATION.