



Employee Direct Deposit Authorization

*** This form must be hand delivered to the Finance Department ***

Name: First: _____ Middle: _____ Last: _____
(please print)

Signature: x _____ Date: _____, 2023

I hereby authorize the City of Lyndhurst to initiate credit entries and to initiate, if necessary, debit entries and Adjustments for any credit entries in error to my (our) account of accounts as listed below.

1.) _____	# _____	# _____
<i>Name of Financial Institution</i>	<i>Account #</i>	<i>*Routing/ABA #</i>
_____	% _____	\$ _____
<i>Type of Account (Checking, Savings etc.)</i>	<i>**Per Pay Percentage %</i>	<i>Per Pay Dollar Amount \$</i>

Please attach a copy of a void/cancelled check or a deposit slip. If unavailable, you can call your bank to assure that your account and routing numbers are correct.

2.) _____	# _____	# _____
<i>Name of Financial Institution</i>	<i>Account #</i>	<i>*Routing/ABA #</i>
_____	% _____	\$ _____
<i>Type of Account (Checking, Savings etc.)</i>	<i>**Per Pay Percentage %</i>	<i>Per Pay Dollar Amount \$</i>

**Routing number is the nine digit number that appears on the bottom of the check or deposit slip*

***Only (1single) percentage deduction per employee*

The authority is to remain in full force until the City of Lyndhurst has received written notification from me of its termination in such timely manner as to afford the City of Lyndhurst and PNC a reasonable opportunity to act on it.