Office of the Controller
Payroll/Personnel Services Division

CCSF e PAYROLL

Direct Deposit Authorization Form

By enrolling in direct deposit, I understand that my pay will be automatically deposited in the account(s) that I designate below, and I understand I will be able to access my pay data securely via the ePayroll Internet site at http://www.sfgov.org/paystub.

Dept. #	Employee Name			DSW Number					
	Last	First	M.I.						

Direct Deposit Authorization

I authorize the financial institution(s) below to electronically deposit my specified pay amounts from the City and County of San Francisco to the specified account each pay day. I also authorize the City and County of San Francisco to direct the financial institution(s) below to debit this account in the event that an incorrect amount is deposited. This authority will remain in effect until I have filed a change authorization, cancellation, or upon termination of my employment with the City and County of San Francisco. I understand that it may take up to three (3) pay periods to establish direct deposit with my financial institution(s). I understand that I must submit a new Direct Deposit Authorization form at least two (2) weeks before I close any of the accounts indicated below; otherwise, I may experience a delay of 72 hours or more before receiving my pay.

- staple voided check(s) here

NET PAY BALANCE ACCOUNT – This account can only be deleted if all other accounts are deleted.

Financial Institution #1: _____

☐ **NEW** Direct Deposit Account   or   ☐ **CHANGE** Existing Account   or   ☐ **DELETE** This Account

☐ **Checking or share draft account:** *Staple a **voided** check to the front of this form*

☐ **Savings account:** *Contact your financial institution for the correct Transit/ABA number and account number*

___ ___ ___ ___ ___ ___ ___ ___ ___   _____
9 digit Transit/ABA #   **Account #**

FIXED AMOUNT ACCOUNTS – Specify up to 3 in Priority Order (including when changes are made)

Financial Institution #2: _____	Financial Institution #3: _____	Financial Institution #4: _____
Fixed amount: $_____ of my net pay	Fixed amount: $_____ of my net pay	Fixed amount: $_____ of my net pay
☐ **NEW** Direct Deposit Account	☐ **NEW** Direct Deposit Account	☐ **NEW** Direct Deposit Account
☐ **CHANGE** Existing Account	☐ **CHANGE** Existing Account	☐ **CHANGE** Existing Account
☐ **DELETE** This Account	☐ **DELETE** This Account	☐ **DELETE** This Account
☐ **Checking or share draft account** *(staple voided check)*	☐ **Checking or share draft account** *(staple voided check)*	☐ **Checking or share draft account** *(staple voided check)*
☐ **Savings account**	☐ **Savings account**	☐ **Savings account**
___ ___ ___ ___ ___ ___ ___ ___ ___ **9 digit Transit/ABA #**	___ ___ ___ ___ ___ ___ ___ ___ ___ **9 digit Transit/ABA #**	___ ___ ___ ___ ___ ___ ___ ___ ___ **9 digit Transit/ABA #**
_____ **Account #**	_____ **Account #**	_____ **Account #**

Employee's Signature _____   Date _____

Work Phone #_____   Home Phone #_____   Shift_____