

CITY OF TULSA AUTOMATIC DEPOSITS AUTHORIZATION

INSTRUCTIONS: You may select up to 4 bank accounts, 2 checking and 2 savings accounts. Amounts can be a percentage of your net pay or a fixed amount. Any questions call Central Payroll x7519.

I hereby authorize THE CITY OF TULSA, OKLAHOMA herein called CITY to initiate credit entries to my account(s) indicated below with the DEPOSITORY FINANCE INSTITUTIONS named below, to credit the same such account. I further understand that, in the event of erroneous payment, the city may cancel such funds prior to 10:00 a.m. on payday.

This authority 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 a reasonable opportunity to act on it. In the event of any garnishment or levy of wages this order will be suspended until such garnishment or levy is satisfied or released.

NOTE: Attach copy of voided check for initial participation, change of institution or change account number.

C H E C K I N G	<input type="checkbox"/> 15 th check	PLEASE INDICATE YOUR CHOICE BY CHECKING ONE BELOW	
		<input type="checkbox"/> NO CHANGE <input checked="" type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT #	
	<input checked="" type="checkbox"/> END OF MONTH	BANK NAME	
	<input type="checkbox"/> BOTH CHECKS	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	AMOUNT TO BE DEPOSITED		
	FULL DEPOSIT _____ PARTIAL AMOUNT \$ _____ OR _____%		
S A V I N G S	<input type="checkbox"/> 15 th check	PLEASE INDICATE YOUR CHOICE BY CHECKING ONE BELOW	
		<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT #	
	<input checked="" type="checkbox"/> END OF MONTH	BANK NAME	
	<input type="checkbox"/> BOTH CHECKS	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	AMOUNT TO BE DEPOSITED		
	FULL DEPOSIT _____ PARTIAL AMOUNT \$ _____ OR _____%		
2 n d C H E C K I N G	<input type="checkbox"/> 15 th check	PLEASE INDICATE YOUR CHOICE BY CHECKING ONE BELOW	
		<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT #	
	<input type="checkbox"/> END OF MONTH	BANK NAME	
	<input type="checkbox"/> BOTH CHECKS	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	AMOUNT TO BE DEPOSITED		
	FULL DEPOSIT _____ PARTIAL AMOUNT \$ _____ OR _____%		
2 n d S A V I N G S	<input type="checkbox"/> 15 th check	PLEASE INDICATE YOUR CHOICE BY CHECKING ONE BELOW	
		<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT #	
	<input type="checkbox"/> END OF MONTH	BANK NAME	
	<input type="checkbox"/> BOTH CHECKS	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	AMOUNT TO BE DEPOSITED		
	FULL DEPOSIT _____ PARTIAL AMOUNT \$ _____ OR _____%		
PRINT NAME			DATE
EMPLOYEE NUMBER	SIGNATURE		DEPARTMENT NUMBER