

City of Ceres

Authorization for Direct Deposit

Please accept this request as your authority to electronically deposit my net pay each payday to the following financial institution(s):

	Name of Bank	ABA Transit Number	Account Number	Checking or Savings	Percentage or Fixed Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Employee Name (print) _____

Department _____

Employee Signature _____

Date _____

Prenote _____

Transmit _____