



**Town of Davie Direct Deposit Instructions & Form**  
**Please Read and Follow These Instructions Carefully!**

This form has been designed to allow you to **START**, **STOP** or **CHANGE** your direct deposit.

Check  **New** if you **do not** currently have direct deposit established with the Town, are changing banks **or** if you are adding another account. Please be aware, two (2) payrolls **must** pass before your direct deposit can begin. *(This is the time it will take for the account information to be sent to your bank for verification before actual funds can be deposited.)*

Check  **Change** if you already have direct deposit and wish to change the dollar amount or percentage deposited.

Check  **Stop** if you wish to stop direct deposit going to your account(s). Please remember to stop direct deposit with us **prior** to canceling your account(s) with your bank to avoid funds being returned to the Town. Failure to do so may cause a delay in reissuing a replacement check to you.

You may have direct deposit to more than one account. Attach a voided check for each checking account for verification. For savings account(s), **please do not submit deposit slips**; instead, verify account and routing information with your financial institution. *(This number can and sometimes will slightly differ from the number printed on the savings account deposit slip.)*

For questions or additional information, contact the payroll department and we will be happy to assist you.

Thank you.  
Payroll Department

Over ⇒



## TOWN OF DAVIE DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

<i>This section to be completed by Employee</i>			
Last Name _____	First Name _____	Middle _____	
Street _____	City _____	State _____	Zip _____
Employee ID # _____	Phone Number _____		

<i>Please attach a voided check for each checking account.</i>			<b>Bank Account 1</b>
New <input type="checkbox"/>	Stop <input type="checkbox"/>	Change <input type="checkbox"/>	
Name of Financial Institution _____	Routing Number _____	Account Number _____	
Address _____	City _____	State _____	Zip code _____
Checking _____	Savings _____	Amount/Percentage _____	

			<b>Bank Account 2</b>
New <input type="checkbox"/>	Stop <input type="checkbox"/>	Change <input type="checkbox"/>	
Name of Financial Institution _____	Routing Number _____	Account Number _____	
Address _____	City _____	State _____	Zip code _____
Checking _____	Savings _____	Amount/Percentage _____	

			<b>Bank Account 3</b>
New <input type="checkbox"/>	Stop <input type="checkbox"/>	Change <input type="checkbox"/>	
Name of Financial Institution _____	Routing Number _____	Account Number _____	
Address _____	City _____	State _____	Zip code _____
Checking _____	Savings _____	Amount/Percentage _____	

### PAYEE CERTIFICATION

In signing this form, I authorize payment to be sent to the financial institution(s) named above to be deposited into the designated account(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date