TOWN OF DAVIE DIRECT DEPOSIT SIGN UP FORM

This section to be completed by Employee /Payee

Last Name _____ First Name _____ Middle _____

Street _____ City _____ State _____ Zip _____

Social Security # _____

Amount or Percentage to: _____ Checking _____ Savings

Do you currently have direct deposit? ☐ Yes ☐ No

If yes, is this to replace your current direct deposit? ☐ Yes ☐ No

Payee/Joint Payee Certification

I certify that I am entitled to the payment identified above and that I have read and understood the bottom of this form. In signing this form, I authorize payment to be sent to the financial institution named below to be deposited in the designated account.

Signature _____ Date _____

This section to be completed by Financial Institution

Name of Financial Institution _____ Address _____ City, State Zip _____

Account Number _____

Routing Information:

ABA/ACH Number ☐☐☐☐☐☐☐☐ ☐

I confirm the identity of the above payee(s) and the account number and title. As representative of the above financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature _____ Date _____

THIS FORM MAY BE MAILED TO:
THE TOWN OF DAVIE
PAYROLL DEPARTMENT
6591 ORANGE DRIVE
DAVIE, FL 33314