

**DIRECT DEPOSIT APPLICATION
AND CHANGE FORM**

CITY OF CHARLESTON

HOME PHONE NUMBER _____

Name: _____

Employee # _____

Department # _____

_____ NO, I do not wish to participate in the direct deposit plan.

_____ YES, I wish to participate in the direct deposit plan. By electing to participate, I hereby authorize the
_____ City of Charleston to initiate credit entries to my accounts indicated below.

BANK INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PHONE # () - _____

ACCOUNT TYPE	ACCOUNT NUMBER	DOLLAR OR % AMOUNT
Savings or Checking	_____	_____
Savings or Checking	_____	_____
Savings or Checking	_____	_____

NAME: _____

ADDRESS: _____

CITY: _____

PHONE # () - _____

ACCOUNT TYPE	ACCOUNT NUMBER	DOLLAR OR % AMOUNT
Savings or Checking	_____	_____
Savings or Checking	_____	_____
Savings or Checking	_____	_____

All information must be completed for each bank you use. You may continue on a separate sheet of paper if necessary.

This authorization is to remain in effect until the City of Charleston has received written notificaiton from me of

Employee Signature

Date

YOU MUST ATTACH A VOID CHECK WITH YOUR APPLICATION OR IT WILL BE RETURNED TO YOU.