

**CITY OF ANACORTES**  
**Direct Deposit Authorization**  
**Employee Name**

**Employee No.**

<b>First Account</b>				
Check one of the following:				
<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change	<input type="checkbox"/> 5th of month	<input type="checkbox"/> 20th of month
Type of Account:		or		
<input type="checkbox"/> Checking			<input type="checkbox"/> Savings	
Bank Routing No.	Account No.	Financial Institution Name		
Percentage or dollar amount to be deposited to this account: \$ <input type="text"/> or <input type="text"/> %				

<b>Second Account</b>				
Check one of the following:				
<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change	<input type="checkbox"/> 5th of month	<input type="checkbox"/> 20th of month
Type of Account:		or		
<input type="checkbox"/> Checking			<input type="checkbox"/> Savings	
Bank Routing No.	Account No.	Financial Institution Name		
Percentage or dollar amount to be deposited to this account: \$ <input type="text"/> or <input type="text"/> %				

<b>Third Account</b>				
Check one of the following:				
<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change	<input type="checkbox"/> 5th of month	<input type="checkbox"/> 20th of month
Type of Account:		or		
<input type="checkbox"/> Checking			<input type="checkbox"/> Savings	
Bank Routing No.	Account No.	Financial Institution Name		
Percentage or dollar amount to be deposited to this account: \$ <input type="text"/> or <input type="text"/> %				

I hereby authorize the City of Anacortes to use the above information solely for purposes of direct deposit. I understand that I may make changes at any time using the appropriate form. I also understand that all information will be kept confidential.

<b>Employee Signature</b>	<b>Date</b>

If you have questions or need assistance,  
please contact Heiko Miles at extension 305 or 299-1947

DEADLINES FOR DEPOSIT CHANGES: Same day timesheets  
are due