

# DIRECT DEPOSIT DISPOSITION FORM

NAME: \_\_\_\_\_

STATUS:  ACTIVE

SOCIAL SECURITY #: \_\_\_\_\_

RETIREE

DEPARTMENT: \_\_\_\_\_

## BEGIN DIRECT DEPOSIT:

Name of Bank: \_\_\_\_\_

Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

For Checking Account:

Attach a Voided Check

For Savings Account:

Attach a Savings Deposit Slip

## CHANGE DIRECT DEPOSIT:

Name of Bank: \_\_\_\_\_

Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

For Checking Account:

Attach a Voided Check

For Savings Account:

Attach a Savings Deposit Slip

I realize I will have to maintain my old account until this transaction is established.

## STOP DIRECT DEPOSIT:

**STOP**

*I realize Direct Deposit is a condition of Employment.*

## AUTHORIZATION

*I authorize the Columbus Consolidated Government and my financial institution to credit my account for Direct Deposit.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_