



**CITY OF ARLINGTON
PAYROLL DIRECT DEPOSIT FORM**

Employee Name

**1000-_____
Employee ID #**

Please complete this form and provide a “voided” check or bank documentation for each account. Direct deposit may take between one to two pay periods to start.

Changes to Existing Accounts

To make a change to an existing account, employee must provide: an updated, signed form, “voided” check or bank documentation for each account, and picture identification. Documentation and ID must be brought **in person** to the Finance department to process at:

City of Arlington Finance Department – Business Services
101 S. Mesquite Street Suite 800
Arlington, TX 76010
Office Hours: Monday – Friday 8:00am to 5:00pm

PRIMARY ACCOUNT (NET PAY): NEW CHANGE CANCEL

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING or SAVINGS

SECONDARY ACCOUNT (DEDUCTION): NEW CHANGE CANCEL

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING or SAVINGS

AMOUNT (DEDUCTED PER PAYCHECK) \$ _____

- I hereby authorize the City of Arlington (City) to automatically deposit my payroll check into my account(s) listed above and includes authorization to correct any entries made in error.
- I understand that if my account(s) at the financial institution(s) listed above have changed or closed, I must notify the City’s payroll department in writing. The City is unable to refund rejected monies until they are credited to the City’s payroll account.
- This authority is to remain in effect until the City has receive written notice of cancellation of direct deposit from me.

Employee Signature

Date

Contact Phone Number

For questions, please contact the City’s Payroll department at 817-459-6308.