

# Direct Deposit Form

City of Ferndale Personnel Office  
300 East Nine Mile Rd  
Ferndale, MI 48220-1797

Employee Name (printed): \_\_\_\_\_

Last four numbers of social security number: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

City, State, and Zip code: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

**I request that the City of Ferndale electronically transfer all or a portion of my paycheck to the following banking institutions:**

Specific dollar amount to be transferred if not whole check: \$ \_\_\_\_\_

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

Bank's routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Circle one:  Checking or  Savings

Entire pay or remainder of pay to be electronically transferred: \_\_\_\_\_

Circle one:  Yes or  No

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

Bank's routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Circle one:  Checking or  Savings

I certify that the information I have provided on this Form is correct and complete. I understand that this authorization will remain in effect until I submit written authorization to the Personnel Office to cancel or change the information contained in this form.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_