



CITY OF GRAND HAVEN

DIRECT DEPOSIT AUTHORIZATION

Please complete and return to Finance (payroll).

Name: _____

Email: _____

Net Pay Account:

Financial Institution

Account type: Checking Savings

Routing Number

Account Number

Additional Account (if applicable)

Financial Institution

Account type: Checking Savings

Routing Number

Account Number

\$ _____
Amount

Additional Account (if applicable)

Financial Institution

Account type: Checking Savings

Routing Number

Account Number

\$ _____
Amount

I authorize my employer to deposit my pay in the above account(s) and to correct entries made in error.

Employee Signature

Date