

Print this form and follow instructions below.
Original signature required, no photocopies will be accepted.

(Please Check One)
 New Participant

Change to Existing Direct Deposit

Cancel



Direct Deposit Payroll Program

City of Chicago
City Comptroller's Office

Payroll Division
333 S. State Street
Suite 320
Chicago, IL 60604
312-745-2278

FAX (cancellations only)
312-745-3540

The City of Chicago announces the Direct Deposit Payroll Program for our employees.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method of depositing your funds.

With Automated Payment, you can eliminate the hassle of mail delays and late deposits. Direct Deposit offers you:

- Assurance of Timely Payments
 - Convenient Payment Method
 - Simple and Easy Sign-up

**Attach a Voided
Sample Check
here with your
remittance**

- Employees choosing Direct Deposit Payroll Plan ensure necessary funds are available for use.
- Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds availability.
- Direct Deposit Payroll Plan gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.

Instructions: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

PLEASE PRINT CLEARLY

I authorize The City of Chicago hereafter called "The City," to initiate credits entries to my checking account indicated below and the institution named below, hereinafter called "Institution," to deposit to the same such account.

I further authorize "The City" to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until "The City" and "Institution" have received written notification from me of its termination in such time and in such manner as to afford "The City" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Employee Name _____ Employee Social Security

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Address _____ Employee Number _____

City, State, Zip _____ Dept Name _____ Payroll Number _____

Work Phone Number _____ Bank Name _____

Home Phone Number _____ Bank Routing # _____ Checking ? Savings?
(9 digits) (check one)

Signature/Date _____ Bank Account # _____
(up to 17 digits)