

Maplewood Parks & Recreation Department

Direct Deposit Authorization Form

Complete this form to set up, change, or cancel direct deposit of your paycheck. Return to HR with a voided check or bank letter confirming account details.

Employee Information

Employee Name: _____ Employee ID: _____
Department: _____ Effective Pay Date: _____
Daytime Phone: _____ Email: _____

Action Requested

☐ Add / Enroll

☐ Change Existing Account

☐ Cancel Direct Deposit

Bank Account Information

You may split your deposit between up to two accounts. Enter the amount or percentage for each. Leave Account 2 blank if depositing to one account.

Account 1

Financial Institution: _____ Account Type: Checking / Savings
Routing Number (9 digits): _____ Account Number: _____
Deposit Amount: \$ _____ or _____ % Net Pay Remainder? Yes / No

Account 2

Financial Institution: _____ Account Type: Checking / Savings
Routing Number (9 digits): _____ Account Number: _____
Deposit Amount: \$ _____ or _____ % Net Pay Remainder? Yes / No

Important Notes

- A voided check or bank verification letter must accompany this form.
- Changes take effect within two pay cycles of HR receipt.
- You are responsible for notifying HR of any account changes before the payroll cutoff date.
- The City of Maplewood is not liable for misdirected funds resulting from incorrect information on this form.
- To cancel direct deposit entirely, complete the Action Requested section above and return to HR at least 5 business days before payday.

Authorization

I authorize the City of Maplewood to initiate electronic credit entries to the account(s) listed above and to correct any erroneous entries. This authorization remains in effect until I notify HR in writing.

Employee Signature: _____ Date: _____

Printed Name: _____

FOR HR USE ONLY

Received by: _____ Date: _____ Entered in system: _____ Verified: Yes / No

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