



**CITY OF CARSON
AUTHORIZATION FOR DIRECT DEPOSIT
(Employee Wages Only)**

Received by Human Resources

MUST ATTACH A COPY OF A VOIDED CHECK OR A BANK PRINTOUT

PLEASE PRINT

ID #: (6-digits) _____ FT PT
 LAST NAME: _____ EXTENSION: _____
 FIRST NAME: _____ CELL PHONE: _____
 MIDDLE INITIAL: _____ DEPARTMENT: _____

#1	Bank:		NEW	EXISTING	CANCEL	STAFF USE ONLY
	Routing Number	Account Number	Type		Amount	
			CK	SAV	Net	

#2	Bank:		NEW	EXISTING	CANCEL	STAFF USE ONLY
	Routing Number	Account Number	Type		Semi-Monthly Amount	
			CK	SAV		

#3	Bank:		NEW	EXISTING	CANCEL	STAFF USE ONLY
	Routing Number	Account Number	Type		Semi-Monthly Amount	
			CK	SAV		

#4	Bank:		NEW	EXISTING	CANCEL	STAFF USE ONLY
	Routing Number	Account Number	Type		Semi-Monthly Amount	
			CK	SAV		

I hereby authorize the City of Carson to begin automatic deposits of my payroll earnings as listed above.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Human Resources: (310) 952-1736

STAFF USE ONLY

Entered: _____

Effective PPE: _____