



CITY OF BRISTOL
OFFICE OF THE COMPTROLLER

Direct Deposit Authorization

Employee Name: _____ SS# _____
(last four digits)

I am requesting that my wages be direct deposited to the banking institution and account number as noted below: (limit of three accounts)

Bank/Credit Union Name: _____

Routing Number _____ Checking Account

Account Number _____ Savings Account

Amount or Net: _____ (check one)

Bank/Credit Union Name: _____

Routing Number _____ Checking Account

Account Number _____ Savings Account

Amount or Net: _____ (check one)

Bank/Credit Union Name: _____

Routing Number _____ Checking Account

Account Number _____ Savings Account

Amount or Net: _____ (check one)

Attachment Required: Voided Check(s) -or- Deposit Slip(s)

Employee Signature: _____ Date: _____

For City Use Only:

