



# City of Port St. Lucie

Full Net Pay Deposit: \_\_\_\_\_ or,

Amount to be deducted from check biweekly: \$ \_\_\_\_\_

## Paycheck Direct Deposit Enrollment / Change Form

( All changes will be effective on the **2nd pay period** following enrollment/change)

(The 1st pay period after your enrollment/change you'll receive a regular check)

\_\_\_\_\_ New Account      \_\_\_\_\_ Change Account      \_\_\_\_\_ Cancel existing a/c

\_\_\_\_\_ **Checking**      \_\_\_\_\_ **Savings** ( Full net pay)

[ Attach voided check here ]

**NOTE:** I, as an employee of the City of Port St. Lucie, hereby direct and authorize the Finance Department to automatically deposit my bi-weekly payroll check into my bank account at \_\_\_\_\_ .

Attached is a blank voided check from my account containing all necessary information.

In signing, I understand that my direct deposit will go into effect 2 payperiods after the form is received by human resources.

**Email address:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_