



Payroll Direct Deposit Form

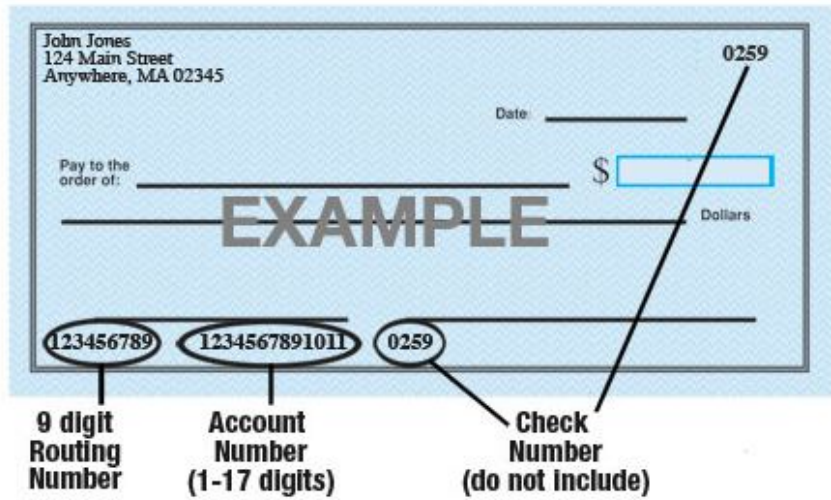
265 Strand St, PO Box 278, St. Helens, OR 97051 | 503-397-6272 office | www.ci.st-helens.or.us

Please PRINT and complete ALL the information below. You MUST also provide a voided check or a direct deposit form from your banking institute (this can be provided at any teller window at your bank).

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____



NAME OF BANK: _____

ACCOUNT #: _____

TYPE OF ACCOUNT (Circle): CHECKING SAVINGS

ROUTING #: _____

The City of St. Helens is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

SIGNATURE _____

DATE _____

STAFF USE ONLY

Received By: _____

Entered Date: _____