

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:
John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: 23456789 1234567891011 9 digit Account Number Number (1-17 digits)	Date: S Dollars Check Number (do not include)
NAME OF BANK:	ACCOUNT #:
TYPE OF ACCOUNT (Circle): CHECKING SAVING	GS 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: