



## CITY OF DETROIT FINANCE DEPARTMENT

### DIRECT DEPOSIT ENROLLMENT FORM

\*\*\*\*\*ORACLE ONLY\*\*\*\*\*

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Department Location \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Contact Phone Number (000)000-0000 \_\_\_\_\_

Please select action: ☐ Authorization for Direct Deposit

☐ Removal of Direct Deposit

Financial Institution(s):

Name of Financial Institution	Percentage %	OR	Dollar Amt \$	Account Type			
		OR		<input type="checkbox"/>	CHK	<input type="checkbox"/>	SAV
		OR		<input type="checkbox"/>	CHK	<input type="checkbox"/>	SAV
		OR		<input type="checkbox"/>	CHK	<input type="checkbox"/>	SAV
		OR		<input type="checkbox"/>	CHK	<input type="checkbox"/>	SAV
		OR		<input type="checkbox"/>	CHK	<input type="checkbox"/>	SAV

To ensure accuracy, please attach a voided check (pre-printed only) for direct deposit or a savings deposit slip for the appropriate account type. If neither is available, a letter from your institution is required.

I hereby authorize the City of Detroit (the City), to deposit my earnings into my account at the financial institution listed above. In the event that the City deposits fund erroneously into my account, I authorize the City to make proper adjustments to my regular pay for any amount not to exceed the erroneous amount according to applicable policy and/or collective bargaining agreement.

**Changes in bank account numbers must be reported to Finance Payroll Audit immediately.**

**\*\*NOTE: Employees who have garnishments, tax levies, and other court ordered payments are not eligible to participate in direct deposit.** Please contact Finance Payroll Audit for more details regarding this matter. To contact our General Office call (313) 224-3290/ Fax (Emergency Only): (313)224-7546.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Oracle ID Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

_____ Clerk Initials	_____ Date Entered
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