



**CITY OF NEW PORT RICHEY DIRECT DEPOSIT  
AUTHORIZATION FORM**

**Request Type**

- New Enrollment
- Change to Existing Direct Deposit
- Cancel Direct Deposit

**Account 1 (Primary Account)**

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  Checking  Savings  
Deposit Amount:  \$ \_\_\_\_\_ OR  \_\_\_\_\_ %

**Important Notes**

- If using **percentages**, the total of all accounts must equal **100%**.
- Please attach a **voided check or official bank document** for each account listed.
- Changes may take **one to two payroll cycles** to process.

**Authorization**

I authorize the **City of New Port Richey** to electronically deposit my net pay into the account(s) listed above. I also authorize the City to initiate debit entries and adjustments to correct any deposit made in error. This authorization will remain in effect until I provide written notice to cancel or change it.

Employee Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Account 2 (Optional)**

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  Checking  Savings  
Deposit Amount:  \$ \_\_\_\_\_ OR  \_\_\_\_\_ %

**Account 3 (Optional)**

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  Checking  Savings  
Deposit Amount:  \$ \_\_\_\_\_ OR  \_\_\_\_\_ %