Pre-Note Date: _____

Goes Live Date: _____

Direct Deposit of Payroll

I authorize the City of Clarksville and US Bank to electronically deposit my net pay to the specified account: (circle one)

SAVINGS or CHECKING

Name of Bank: _____

Routing Number: _____

Account Number: _____

OR place VOIDED check here

Employee Name: _____

Employee Email: _____

Last 4 of SSN: _____

Department: _____ Date: _____

Signature: _____

A voided blank check is required to validate account information. If no check is available, please request direct deposit documentation from your bank that includes the routing number and bank account number needed for direct deposit.

Savings account deposit slips can not be used for verification.