City of Port St. Lucie

Accounts Payable Direct Deposit Enrollment / Change Form

(All changes will be effective on the **2nd pay period** following enrollment/change)
(The 1st pay period after your enrollment/change you'll receive a regular check)

_____ New Account _____ Change Account _____ Cancel existing a/c

_____ Checking _____ Savings (Full net pay)

[Attach voided check here]

NOTE: I, as an employee of the City of Port St. Lucie, hereby direct and authorize the Finance Department to automatically deposit my accounts payable check into my bank account at _____ .

Attached is a blank voided check from my account containing all necessary information.

In signing, I understand that my direct deposit will go into effect 2 payperiods after the form is received by human resources.

Print Name: _____ **Date:** _____

Department: _____ **Employee Number:** _____

Signature: _____

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