

City of Port St. Lucie

Full Net Pay Deposit: _____ or,

Amount to be deducted from check biweekly: \$ _____

Paycheck 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 bi-weekly payroll 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: _____