



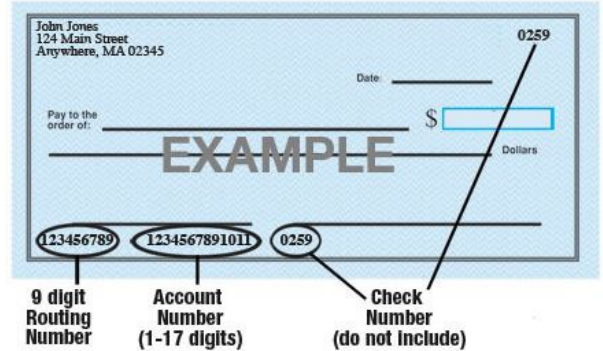
# Payroll Direct Deposit Form

265 Strand Street, St. Helens, OR 97051 | 503-397-6272 office | [www.sthelensoregon.gov](http://www.sthelensoregon.gov)

Please PRINT and complete ALL the information below. You MUST also provide a voided check or a direct deposit form from your banking institute (this can be provided at any teller window at your bank).

The City allows direct deposit into two separate bank accounts for the semi-monthly pay period: a primary account and a secondary account.

Paperwork as requested above will be required for each account you use.



EMPLOYEE NAME: \_\_\_\_\_

**PAYROLL CHECK - PRIMARY** (Please specify amount/percentage for Primary/Secondary) \_\_\_\_\_ (\$/%)

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ACCOUNT (Circle): CHECKING SAVINGS ROUTING #: \_\_\_\_\_

**PAYROLL CHECK - SECONDARY** (Please specify amount/percentage for Primary/Secondary) \_\_\_\_\_ (\$/%)

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ACCOUNT (Circle): CHECKING SAVINGS ROUTING #: \_\_\_\_\_

The City of St. Helens is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## STAFF USE ONLY

Received By: \_\_\_\_\_ Entered Date: \_\_\_\_\_