



CITY OF KLAMATH FALLS, OREGON

222 S. 6th St. – P.O. BOX 237
KLAMATH FALLS, OREGON 97601



Sister City
ROTORUA, NEW ZEALAND

Authorization for Electronic Deposit

Employee Name: _____ Effective Date: _____

E-mail address for Pay Stub: _____

Directions can be found on the back of this form

ACCOUNT:

Name of Bank: _____

Checking
OR

Account #: _____

Savings

Routing #: _____

The City of Klamath Falls is hereby authorized to directly deposit my pay and employee reimbursements to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

DIRECTIONS

Effective Date – First day of the month you would like this change to take effect.

E-mail address for pay stub – This is the e-mail address your monthly pay stub will be e-mailed to.

Please mark the box to the left of the account you would like any employee reimbursements deposited to. This would be for reimbursement requested that are submitted to Accounts Payable. Such as travel reimbursements.

Deposit Account Information:

You may choose to split your payroll between up to 3 accounts. The last account listed should always be for the remainder of the Paycheck.

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

