



CITY OF  
WEST LAFAYETTE

CLERK-TREASURER  
CITY OF WEST LAFAYETTE  
DIRECT DEPOSIT AUTHORIZATION

Employees requesting direct deposit must complete this form and file with the Clerk-Treasurer. For new accounts, a voided check for checking accounts and bank provided information for savings accounts must be submitted with this form in order to verify information. Failure to provide the proper documentation will delay your direct deposit processing.

Name \_\_\_\_\_

Employee Number \_\_\_\_\_

New Account(s)  Change(s)

Account #1	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount

Account #2	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount

Account #3	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount

Account #4	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount

I authorize the Clerk-Treasurer of the City of West Lafayette to initiate credit entries or debit corrections to the checking and/or savings account(s) indicated above and the financial institution(s) named to credit the same to such account(s).

This authority is to remain in full force until the Clerk-Treasurer of the City of West Lafayette has received written notification from me of its termination in such timely manner as to afford the Clerk-Treasurer of the City of West Lafayette a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

below is an example of a completed authorization form and necessary supporting documents.

**Direct Deposit Documents:**

For Checking Accounts

Voided CHECK for Each Account; must include Routing Number and Account Number

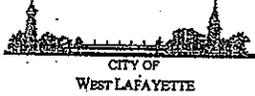
OR Bank Letter; specifying Routing Number, Direct Deposit Account Number and Type (Checking)

For Savings Accounts

Bank Letter; specifying Routing Number, Direct Deposit Account Number and Type (Savings)

Financial Institutions can provide a letter for Direct Deposit set up. Be sure the letter specifies whether it is a Checking or Savings account.

Direct Deposit can be set up only with these documents.



CLERK-TREASURER  
CITY OF WEST LAFAYETTE  
DIRECT DEPOSIT AUTHORIZATION



PO BOX 1950  
WEST LAFAYETTE, IN 47796  
765.497.3328 // 800.627.3328

Employees requesting direct deposit must complete this form and file with the Clerk-Treasurer. For new accounts, a voided check for checking accounts and bank provided information for savings accounts must be submitted with this form in order to verify information. Failure to provide the proper documentation will delay your direct deposit processing.

Name John Doe Employee Number 2975

Date: 04/05/2011

New Account(s)  Change(s)

Account #1	Type of Acct: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
New <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
Purdue Federal Credit Union	345678
	Amount
	\$100.00
Account #2	Type of Acct: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
Purdue Federal Credit Union	789012
	Amount
	Net Amount
Account #3	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount
Account #4	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>	
Name of Bank	Account Number
	Amount

To Whom It May Concern:

Please use the below routing and account number for any ACH or Direct Deposit needs for John Doe

Routing: 274976067  
Savings: 345678

RECEIVED  
APR 06 2011  
PAYROLL

Thank you,

Shelby Miller  
Member Service Specialist  
PFCU Union Street Branch  
smiller@purduefcu.com  
765-497-8874

I authorize the Clerk-Treasurer of the City of West Lafayette to initiate credit entries or debit corrections to the checking and/or savings account(s) indicated above and the financial institution(s) named to credit the same to such account(s).

This authority is to remain in full force until the Clerk-Treasurer of the City of West Lafayette has received written notification from me of its termination in such timely manner as to afford the Clerk-Treasurer of the City of West Lafayette a reasonable opportunity to act on it.

Employee Signature John Doe

Date 07/05/2011

Account #1: Savings Account Document  
Bank Letter, with Routing # & Account #

MEMORIAL UNION	
John Doe 123 Any Street West Lafayette, IN 47906	882 71-7608/2749
PAY TO THE ORDER OF	DATE
<u>VOID</u>	
	\$
	DOLLARS
PURDUE EMPLOYEES FEDERAL CREDIT UNION WEST LAFAYETTE, IN 47906	PURDUE UNIVERSITY
FOR	
⑆274976067⑆	789012 ⑆ 0882

Account #2: Checking Account Document  
Voided Check, with Routing # & Account #

(A Voided Check is needed for Each Account to be Deposited In)