



City of Wilmington
Direct Deposit
Enrollment Form

NAME _____

LAST 4 SSN _____

DEPT _____

SUPPORTING DOCUMENTATION MUST PROVIDE THE BANK ROUTING NUMBER AND ACCOUNT NUMBER

Acceptable Documentation Includes:

- (1) Voided Check
(2) Computer Generated Documentation from Bank (Example. Bank Form/Letter)
(3) NO DOCUMENTATION - MUST BE SIGNED BY BANK REPRESENTATIVE

Table header with columns: Priority, BANK NAME, BANK ROUTING #

1

Bank routing number grid

Table for account details: Checking, Savings, Account Number, Amount, Percent

Authorized Bank Signature (REQUIRED WHEN NO DOCUMENTATION IS PROVIDED)

2

Bank routing number grid

Table for account details: Checking, Savings, Account Number, Amount, Percent

Authorized Bank Signature (REQUIRED WHEN NO DOCUMENTATION IS PROVIDED)

3

Bank routing number grid

Table for account details: Checking, Savings, Account Number, Amount, Percent

Authorized Bank Signature (REQUIRED WHEN NO DOCUMENTATION IS PROVIDED)

I understand that maintaining direct deposit is a condition of employment and that my bank account should always be active. By signing this form, I confirm that the information submitted is accurate and correct. I also authorize any adjustments to be made to my account.

SIGNATURE _____

DATE _____