



DIRECT DEPOSIT FORM

The City of Eagle Pass requires payroll payments be processed through ACH, or direct deposit. If you opt not to have your pay check deposited to a personal bank account, a paysource card will be assigned to you.

Employee Name: _____ Employee ID No.: _____

Social Security No.: _____ Bank Account Paysource Card

BANK ACCOUNT

Please mark one: I elect to activate direct deposit to the institution listed below
I elect to change to another account as listed below; cancel current account
I elect to cancel current paysource card and activate direct deposit as listed below
I elect to add another account to deposit funds biweekly in the amount of \$ _____
I elect to change biweekly deposit amount on secondary account to \$ _____
I elect to cancel secondary account as listed below

Attach a voided check, deposit slip, or letter from your financial institution. (Required)

Bank Name: _____

Routing Number (9-digits): _____ Account Number: _____

Account type: Checking Savings

PAYSOURCE CARD

Please mark one: I elect to activate an assigned paysource card
I elect to cancel current direct deposit account and activate paysource card

Enter information from provided card: Paysource Card Number: _____

Expiration Date: _____ CVV: _____

Instructions for Human Resources: Attach the printout of the paysource card account once activated.

I hereby authorize the City of Eagle Pass to directly deposit my net pay automatically to the account or paysource card listed above. If monies to which I am not entitled to are deposited to my account, I authorize the City of Eagle Pass to direct the institution to return said funds. This authority will remain in effect until I have cancelled in writing.

Employee Signature

Date

Processed by/date: _____

Reviewed by/date: _____