EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I authorize Salt Lake City Corporation and the financial institution listed below to initiate electronic deposits and, if necessary, recall any entries made in error to my:

◯ Checking account ◯ Savings Account Employee ID __ __ __ __ __ __

_____ _____

Financial institution Employee name (please print)

_____ _____

Employee signature Date

Attach voided check or complete the following:

Routing transit number

Account number

IF YOU ANTICIPATE ACCOUNTS PAYABLE REIMBURSEMENT AND WOULD LIKE THOSE FUNDS DEPOSITED TO THE SAME ACCOUNT, PLEASE CHECK THIS BOX ☐

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attach voided check here

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AUTHORIZATION TO NOT PRINT DIRECT DEPOSIT PAYROLL STUB

☐ Do not print my direct deposit payroll stub. I will access on Employee on Line

Or...

☐ Send my payroll information to the following e-mail address:

_____

(if no selection is made, you will receive a printout of your payroll information)