

**DIRECT DEPOSIT APPLICATION  
AND CHANGE FORM**

**CITY OF CHARLESTON**

HOME PHONE NUMBER \_\_\_\_\_

Name: \_\_\_\_\_

Employee # \_\_\_\_\_

Department # \_\_\_\_\_

\_\_\_\_\_ NO, I do not wish to participate in the direct deposit plan.

\_\_\_\_\_ YES, I wish to participate in the direct deposit plan. By electing to participate, I hereby authorize the  
\_\_\_\_\_ City of Charleston to initiate credit entries to my accounts indicated below.

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**BANK INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE # (     ) - \_\_\_\_\_

<b>ACCOUNT TYPE</b>	<b>ACCOUNT NUMBER</b>	<b>DOLLAR OR % AMOUNT</b>
Savings or Checking	_____	_____
Savings or Checking	_____	_____
Savings or Checking	_____	_____

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE # (     ) - \_\_\_\_\_

<b>ACCOUNT TYPE</b>	<b>ACCOUNT NUMBER</b>	<b>DOLLAR OR % AMOUNT</b>
Savings or Checking	_____	_____
Savings or Checking	_____	_____
Savings or Checking	_____	_____

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**All information must be completed for each bank you use. You may continue on a separate sheet of paper if necessary.**

This authorization is to remain in effect until the City of Charleston has received written notification from me of

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

\_\_\_\_\_  
Date

**YOU MUST ATTACH A VOID CHECK WITH YOUR APPLICATION OR IT WILL BE RETURNED TO YOU.**