Print Form

Standard Form Prescribed by
City Treasurer's Department
(rev. Mar 2007)

# CITY OF HUNTINGTON BEACH

## Direct Deposit

## >SIGN-UP FORM

**SUPPLEMENTAL RETIREMENT** or **MEDICAL SUBSIDY** Electronic Deposit Authorization Form

HOW DO I SIGN UP?

Complete this form and return it with the appropriate VOIDED CHECK(S) or Direct Deposit Form to the City Treasurer's Department

**ELECTRONIC DEPOSIT AUTHORIZATION FORM**

**I hereby authorize the City of Huntington Beach to deposit my SUPPLEMENTAL RETIREMENT or MEDICAL SUBSIDY to the below checking or savings account, as well as make necessary corrections due to an error or adjustment.**

I will not hold the City of Huntington Beach responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my depository, or failure of my depository to correctly credit my account. I understand that an unforeseen delay in processing by any outside entity (Automated Clearing Housing or Financial Institution) due to computer down-time, power outages or other unavoidable occurrences, might affect the date of deposit of funds to my account. This authority is to remain in full force and effect until the City has received written notification from me to change or terminate, or until the City has sent me thirty days written notice of the City's termination of this arrangement.

Electronic Deposit Action (check one): New ☐ Change ☐ Stop ☐

Name:_____ Employee No.: _____

Address: _____ Phone No.: _____

City: _____ State:_____ Zip: _____

E-Mail Address: _____

Signature: _____ Date: _____

**Bank Name:** _____ City: _____

Bank Routing Number: _____ Acct # _____

☐ Checking Account ☐ Savings Account

**WITHOUT THESE, YOUR REQUEST WILL NOT BE PROCESSED**

**RETURN THIS FORM WITH A VOIDED CHECK OR YOUR BANK'S DIRECT DEPOSIT FORM TO:**

**CITY OF HUNTINGTON BEACH**
**ATTN: CITY TREASURER**
**P.O. BOX 190**
**HUNTINGTON BEACH, CA 92648-0190**

Internal Use Only

Finance Input By: _____

Rec'd by City Treasurer's Dept: _____ Pre-Note Processed:_____ Date: _____