

## CITY OF UNALASKA EMPLOYEE DIRECT DEPOSIT REQUEST



Employee Name: _____	Employee ID No.: _____
Name of Bank: _____ Location: _____ State: _____ Routing No.: _____ Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Effective Date: _____ Amount to be deposited into this account per pay period: \$ _____ or _____ %
Name of Bank: _____ Location: _____ State: _____ Routing No.: _____ Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Effective Date: _____ Amount to be deposited into this account per pay period: \$ _____ or _____ %
Name of Bank: _____ Location: _____ State: _____ Routing No.: _____ Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Effective Date: _____ Amount to be deposited into this account per pay period: \$ _____ or _____ %
Employee Signature: _____	Date: _____

**Please attach the required supporting document (any 1 of the following):**

- Voided check or copy of voided check
- Direct deposit form issued by your bank
- Screenshot of account details from your mobile bank app

**Reminder:**

Please allow 10 business days to verify/prenote your account details with the bank.