City and County of San Francisco
Payroll/Personnel Services Division

Direct Deposit/PayStub Online Authorization/Cancellation Form

☐ **New Authorization** ☐ **Change Authorization** ☐ **Cancellation**

By enrolling in direct deposit, I understand that my pay data will be securely transmitted to an electronic payroll service called ***PayStub Online*** that will allow me to access my pay information via the Internet and a toll-free telephone number.

Dept. #	**Employee Name**			**Employee Number**		
	Last	First	M.I.	Social Security Number	MPID	TCD
					-	-

Direct Deposit/PayStub Online Authorization

I authorize the financial institution below to electronically deposit my net pay from the City and County of San Francisco to the specified account each pay day. I also authorize the City and County of San Francisco to direct the financial institution below to debit this account in the event that an incorrect amount is deposited. This authority will remain in effect until I have filed a new authorization, or canceled this authorization in writing, or upon termination of my employment with the City and County of San Francisco.*

Financial Institution SAN FRANCISCO FEDERAL CREDIT UNION

(specify one institution only)

Check one:

☐ **For checking or share draft accounts:** *Please staple a **voided** check to the front of this form.*

☐ **For savings accounts:** *Contact your financial institution for the correct Transit/ABA number and account number and write the numbers in the spaces below:*

3	2	1	0	7	6	4	4	1

Transit/ABA No. **Account No.**

- Please allow three pay days for processing after you have submitted your request -

- staple voided check here -

*** IMPORTANT!—BEFORE CLOSING YOUR ACCOUNT YOU MUST SUBMIT A NEW FORM. If you do not submit a new form at least two weeks before closing or changing your account, you may experience a delay of 72 hours or more before receiving your pay!**

Direct Deposit/PayStub Online Cancellation

☐ I do hereby ***revoke*** the authorization given by me for electronic deposit of my net pay by the Controller of the City and County of San Francisco. I understand that I will begin receiving paychecks after this revocation is processed.

- Please allow one pay day for processing after you have submitted your request -

Employee's Signature _____ Date _____

Work Phone #_____ Home Phone #_____ Shift_____

PPSD Only

Transit/ABA No. **Account No.**

To Input:
1. Screen **H0BUD Auto Deposit** should be **40**.
2. Screen **H0BBI** enter **R**, **routing number** and **account number**.
3. Screen **H0ZU1** enter **I** , NO: **69 or 70**, FR: **09**, AMT/PCT: **1.00000,** UTILITY: **9110001**

To Revoke: Screen **H0ZU1** enter on deduction **69 or 70**, FR**: 00**

Entered by _____ Date _____