



Payroll Direct Deposit Enrollment Authorization

For your convenience, PSTA will allow employees to authorize automatic payroll deposits into their checking or savings account. There is no cost to participate in this program.

To enroll in direct deposit, fill out all areas of this form and submit to Payroll along with a voided check or savings withdrawal slip. You will continue to receive a regular paycheck while your enrollment is being processed, which **may take up to six (6) weeks**. Once your account information has been verified, your pay will be automatically deposited and you will receive an email summarizing your payroll information for that period. **No printed summary summary will be provided.**

Your pay may be deposited in three (3) different financial institutions if you so choose; however, the entire amount of your pay will be direct deposited with no portion presented in check form.

To change banking information or cancel direct deposit, a new form must be submitted to the Payroll Department.

NEW CHANGE STOP Employee ID # _____

Employee Name _____ Email Address _____

ABA Routing # [][][][][][][][][][] Account Number _____

Z1 999 Checking Savings NET Pay Bank Name _____

ABA Routing # [][][][][][][][][][] Account Number _____

Z2 998 Checking Savings Bank #2 Name _____

FIXED Amount \$ _____

ABA Routing # [][][][][][][][][][] Account Number _____

Z3 997 Checking Savings Bank #3 Name _____

FIXED Amount \$ _____

TO AUTHORIZE: I hereby authorize the Pinellas Suncoast Transit Authority and the financial institution(s) listed above to direct payments automatically in my account. If monies to which I am not entitled are deposited in my account, I authorize the return of said funds. This authority shall remain in effect until such time as I have cancelled it in writing, or upon termination of my employment. **Upon severance of employment, my final pay will be issued as a check.**

TO DISCONTINUE: I hereby revoke authorization of the Pinellas Suncoast Transit Authority and the financial institution(s) listed above to deposit my payments, and request that my pay be issued as a check.

Signature _____ Date _____

ATTACH HERE: Voided check for checking account and/or voided withdrawal slip for savings account or bank issued form

Your Name 123 Main St Anytown, USA	1234
PAY TO THE ORDER OF _____	_____ 20 _____
_____	\$ [] _____ DOLLARS
Financial Institution _____	
FOR _____	
⑆ 1 2 3 4 5 6 7 8 9 ⑆	001 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 4
Routing Number	Account Number