

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL
(ARCH CREDITS)

COMPANY NAME: CITY OF ST AUGUSTINE

COMPANY TAX ID NUMBER: 59-6000420

EMPLOYEE
NAME: _____ (Please print)

EMPLOYEE # _____

FINANCIAL INSTITUTION: _____

EFFECTIVE _____ I request that the CITY OF ST.
AUGUSTINE cancel the current direct deposit of my pay into the above financial
institution.

(Employee Signature)

Received in Human Resources:

Date entered into Munis: _____