City of Flint Payment Authorization Form

Fill out this form and return to your Payroll Department.

Employee Information	ation				
First Name:		Last Name:			
Address:					
City:		State:	Zip	Code:	
Phone Number:		Email Address:			
Social Security Numbe	r:	Date of Birth:			
Two Convenien	t Options - 2 account max	imum			
section provided below. (Y	rect deposit or to enroll for the Focus Ca You may choose either direct deposit or copy of check here. Do not attach a	the Focus Card.)	If choosing d	irect deposit,	please
☐ Direct Deposit	By choosing traditional direct depos checking or savings account each p				
Primary Bank Name:		Account Number:			\$00
ABA Routing/Transit #:		Type of Account:	☐ Checking	Savings	100% Remain Bal
Partial Bank Name:		Account Number:			\$00
ABA Routing/Transit #:		Type of Account:	☐ Checking	Savings	100% Remain Bal
☐ Focus Card \$00100%Remain Bal	With the Focus Card, your pay will be deposited onto a prepaid Visa® card. You can be used anywhere Visa debit card accepted worldwide. It's not a credit of there is no cost to enroll.	ls are		9012 3456	OCUS DEBIT
Signature:		Date:			

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card or bank account. This authorization will remain in effect until cancelled by me with written notification to my employer.

