



# City of Henderson Direct Deposit Form – Pension Funds

***NOTE: This authorization replaces and supercedes any other direct deposit authorization you may have on file.***

Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Amounts to be direct deposited (check whether to checking or savings):

Financial Institution: _____			
Amount \$ _____	or Net Check <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number: _____	Checking (22)		Savings (32)

Financial Institution: _____			
Amount \$ _____	or Net Check <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number: _____	Checking (22)		Savings (32)

I understand it is my responsibility to notify City of Henderson, Finance Department of closed accounts two weeks prior to payday.

This request will remain in effect until I have made a written request to stop or change my Direct Deposit.

This action may take up to four (4) weeks to take effect. You will receive a direct deposit statement in place of a check.

I authorize the City of Henderson to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

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Signature

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Date

**STAPLE A VOIDED CHECK FROM YOUR ACCOUNT HERE**

If you wish to deposit to a savings account, please staple a copy of your statement or authorization card containing the account number here.

**Return this completed form to Finance Department, First Floor, Henderson Municipal Center.**