



The City of  
**OKLAHOMA CITY**  
Payroll Department • (405) 297-2196  
100 North Walker, 1<sup>st</sup> Floor, OKC, OK 73102

# Authorization Agreement For Direct Deposit of Payroll

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
*If Employee ID # is not known, please enter SSN.*

Employee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<input type="checkbox"/> <b>Enroll in PayCard</b> Please bring this form with a valid ID to the City of Oklahoma City Payroll office at 100 N. Walker, 1st Flr, in order to enroll in the skylight Paycard program.		<input type="checkbox"/> <b>Current PayCard Holder</b> If you do not currently have your PayCard, please contact skylight PayCard Customer Service at 1-888-606-9800 for a replacement.	
<b>Primary Account Information</b>	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> PayCard	<input type="checkbox"/> Enroll  <input type="checkbox"/> Cancel  <input type="checkbox"/> Change  <input type="checkbox"/> <u>No change on additional account(s)</u>	<b><u>Please Deposit:</u></b> <input type="checkbox"/> All of My Net Pay <input type="checkbox"/> Balance of My Net Pay <input type="checkbox"/> Amount \$ _____
	Bank Routing Number		
	Bank Account Number		
	Bank Name		
<b>Additional Account</b>	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> PayCard	<input type="checkbox"/> Enroll  <input type="checkbox"/> Cancel  <input type="checkbox"/> Change	<b><u>Please Deposit:</u></b> <input type="checkbox"/> Balance of My Net Pay <input type="checkbox"/> Amount \$ _____
	Bank Routing Number		
	Bank Account Number		
	Bank Name		
<b>Additional Account</b>	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> PayCard	<input type="checkbox"/> Enroll  <input type="checkbox"/> Cancel  <input type="checkbox"/> Change	<b><u>Please Deposit:</u></b> <input type="checkbox"/> Balance of My Net Pay <input type="checkbox"/> Amount \$ _____
	Bank Routing Number		
	Bank Account Number		
	Bank Name		

I hereby authorize the City of Oklahoma City and my financial institution(s) to direct deposit my paycheck into the following checking/savings/pay card account(s). If the City of Oklahoma City notifies the financial institution(s) that funds to which I am not entitled have been deposited to my account(s), I authorize the institution(s) to return the funds to the City of Oklahoma City. I understand that if I change or terminate my account(s) without notifying Payroll in writing, my pay may be delayed.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please check one box (location of employment):     City     Golf     Zoo     Embark/COTPA

\*\*\*The Skylight Paycard is only eligible to City employees. Golf, Zoo, and Embark/COTPA are ineligible.

**PLEASE ATTACH VOIDED CHECK OR OFFICIAL BANK LETTER FOR EACH ACCOUNT.**

**Checks must be embossed with employee name.**

**Deposit slips and temporary checks are not accepted.**