



CITY OF BERKLEY DIRECT DEPOSIT REQUEST FORM

Name: _____ Start Date: _____

Address _____ City _____ State _____ Zip _____

Deposit Method Flat amount Percent (indicate %) _____

1. Bank Name _____ Account Type: Savings Checking
 Account Number _____ Routing Number _____
 Amount: _____

2. Bank Name _____ Account Type: Savings Checking
 Account Number _____ Routing Number _____
 Amount: _____

3. Bank Name _____ Account Type: Savings Checking
 Account Number _____ Routing Number _____
 Amount: _____

4. Bank Name _____ Account Type: Savings Checking
 Account Number _____ Routing Number _____
 Amount: _____

5. Bank Name _____ Account Type: Savings Checking
 Account Number _____ Routing Number _____
 Amount: _____

Please use additional form if more than 5 direct deposit accounts will be used

Signature

Date