

Payroll Direct Deposit Authorization

I hereby authorize Lexington-Fayette Urban County Government to initiate the direct deposit of my net pay to the account listed below. I understand if excess funds are deposited into my account, an adjustment for this error may be made to the deposit the next payroll period.

This authorization will remain in effect until the Lexington-Fayette Urban County Government has received written notification from me at least seven (7) days prior to the next scheduled pay date.

Employee Number: _____

Employee Name: _____
Last First Middle Initial

Social Security Number ____ - ____ - ____

Financial Institution _____
Name
City State

Financial Institution Routing Number ____ - ____ - ____

Account Number _____

Please check the appropriate account **(only one)**

____ Checking ____ Savings

Signature _____

Date _____

****Please attach a VOIDED CHECK to this authorization.**

Please mail your completed form to the: Police & Fire Pension Office
200 East Main Street
Lexington, KY 40507

NOTE: Upon receipt of this form you will receive a check the first pay period only and then the direct deposit will begin on the following pay period and continue until you request a change.