



City of Minneapolis
Payroll Authorization Form



While participating in the City of Minneapolis Step Up program, you may elect to either have your paycheck deposited directly into a savings and/or checking account or receive your wages loaded onto a Paycard that acts like a debit card allowing you to make purchases or withdrawal available funds at an ATM. Please fully complete this form with your selection, **SIGN THE BOTTOM**, and upload it to: <https://app.smartsheet.com/b/form/16efbb9e27ff4f2d87e05ccdc24963c0>

FULL LEGAL NAME (Please print clearly):

First Name Middle Initial Last/Family Name

Employee ID Number: _____

Department: Step Up

Last 4 of SSN: _____

Phone #: _____ - _____ - _____

ACTION:

☐ **New Sign-Up**

☐ **Change/Add Account(s)**

PAYMENT TYPE: (select one of the options below)

☐ **I would like Direct Deposit:**

Main Account (Balance of Net Pay):

Name of Bank: _____ 9 Digit Bank Routing Number: _____

Account Number: _____ Type of Account: ☐ Checking ☐ Savings

☐ **I would like a Paycard:** I understand that service fees* apply with the Paycard option (listed below). All participants under the age of 16 must complete an additional Parental Consent Form (attached) to be eligible for the Paycard system. Please have your Parent/Guardian assist you with this and submit it with this form.

____ I am 14-15 years old and will have a Parent/Guardian assist me in completing the Parental Consent Form.

____ I am 16+ years old and do not need to complete the Parental Consent Form.

* Associated fees for the Paycard include: ATM Decline: \$0.75, ATM Balance inquiry: \$0.75, Out of Network ATM Withdrawal: \$1.75. Paycards may be used at Allpoint or MoneyPass ATMs at no charge. For Non-Minnesota residents, an inactivity fee of \$2.95/month is applicable after 180 days of inactivity. Other fees may apply.

I authorize the City of Minneapolis and the financial institution(s) name above to automatically deposit my net pay into my account(s) as directed by my selection above. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it.

Signature: _____ Date: _____