Alameda County Fire Department

Direct Deposit Request

Employee Name: _____ SS # _____

I hereby request the following:

Direct Deposit #1 – PRIMARY	Checking [ ] Savings [ ]
This account is where the bulk of your check will be deposited	
Financial Institution Information	Transit / Routing # [ ][ ][ ][ ][ ][ ][ ][ ] [ ]
Account Number Information	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Note: A canceled or voided check must be attached to this form for each Direct Deposit requested	

Direct Deposit #2 – PARTIAL	Checking [ ] Savings [ ]
You must indicate a dollar amount	$ _____ each pay period
Financial Institution Information	Transit / Routing # [ ][ ][ ][ ][ ][ ][ ][ ] [ ]
Account Number Information	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Note: A canceled or voided check must be attached to this form for each Direct Deposit requested	

Direct Deposit #3 – PARTIAL	Checking [ ] Savings [ ]
You must indicate a dollar amount	$ _____ each pay period
Financial Institution Information	Transit / Routing # [ ][ ][ ][ ][ ][ ][ ][ ] [ ]
Account Number Information	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Note: A canceled or voided check must be attached to this form for each Direct Deposit requested	

Direct Deposit #4 – PARTIAL	Checking [ ] Savings [ ]
You must indicate a dollar amount	$ _____ each pay period
Financial Institution Information	Transit / Routing # [ ][ ][ ][ ][ ][ ][ ][ ] [ ]
Account Number Information	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

I hereby authorize Alameda County Fire Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. This authority is to remain in full force and effect until I submit a written termination request or submit a revised direct deposit request.

_____ _____

Employee Signature Date