City of Rialto
DIRECT DEPOSIT
Authorization Agreement

EMPLOYEE NAME

DEPARTMENT PHONE

DEPOSIT INFORMATION

☐ **NEW** Deposit - START A BRAND NEW DEPOSIT

% _____ **OR** $ _____
% OF CHECK $ OF CHECK

☐ **CANCEL** Current Deposit - TERMINATE DEPOSIT

_____
BANK NAME

☐ **CHANGE** Current Deposit - ADJUST AMOUNT OF CURRENT DEPOSIT

_____
BANK NAME

% _____ **OR** $ _____
% OF CHECK $ OF CHECK

ATTACH VOIDED CHECK HERE

OR STAPLE DIRECT DEPOSIT FORM FROM YOUR BANK TO THIS FORM

Direct Deposits will not be initiated without a voided check or print out from bank.
Hand written account and routing numbers will not be accepted.

The numbers on the bottom of your check are used by Payroll to make the electronic funds transfer of your payroll directly to your account

By signing this form I authorize the City of Rialto, to initiate credits (and/or corrections to previous credits) to the financial institution designation above. This authorization will remain in effect until I give written notice to the City of Rialto either to change or terminate this authorization

EMPLOYEE SIGNATURE DATE