



Direct Deposit of Payroll Authorization Form

HUMAN RESOURCES DIVISION (714) 754-5350

Name (print): _____ Employee ID #: _____

I hereby authorize the City of Costa Mesa to initiate deposits (credits) and/or corrections to the financial institution(s) indicated below. The financial institution(s) is (are) authorized to credit and/or correct the amounts to my account(s). This authority is to remain in full force and effect until either I revoke it by giving ten (10) days prior written notice to the City of Costa Mesa, or upon termination of my employment with the City. I also understand that, after February 1, 2003, this is a condition of employment with the City of Costa Mesa. (Administrative Regulation 3.15). I also understand that it is my responsibility to inform the City of Costa Mesa if I change the financial institution that receives my direct deposit.

ACTION: **Start** **Change**

Signature: _____ Date: _____

DESIGNATED ACCOUNTS

Account #1: **Checking** **Savings**

Financial Institution: _____ Percentage Deposit _____

Amount Deposit _____

Percentage Deposit: _____ or Amount: : _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Account #2: **Checking** **Savings**

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Percent/Amount Direct Deposited: _____

Account #3: **Checking** **Savings**

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Percent/Amount Direct Deposited: _____