



## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

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Primary Account
Complete Section (A)

Secondary Account\*
Complete Section (B)

EMF	DYEE NAME:  Last Name, First Name  EMP. ID #							
	Last Name, First Name  DNE:	EMPLOYE	E DEPT. /DIVISION:					
(A)	PRIMARY DIRECT DEPOSIT (NET PAY)							
	Bank Name:  Routing Number:  Account Number:		☐ <b>CA</b> N	Type of Account  CHECKING:  SAVINGS:   ICEL ACCOUNT				
(B)	*Available only if a Primary Account is Currently Active							
	Bank Name:  Routing Number:  Account Number:		Type of Account  CHECKING:   SAVINGS:	Must Select an Amount  DOLLAR AMT:  PERCENTAGE:				
1-	NEW ACCOUNT CHANGE	ACCOUNT	CHANGE AMOUNT ONLY	CANCEL ACCOUNT				
Y	Attach a voided check, bank documentation or bank direct deposit form from your bank HERE.  The Direct Deposit Form WILL NOT be processed without required documentation.							
I her	Please allow up to 30 Days for the Direct Deposit(s) to become effective.  YOU WILL RECEIVE A PAY CHECK BY MAIL, UNTIL THE ABOVE CHANGES ARE PROCESSED.  Please update your mailing address on Employee Online to avoid delays in receiving vour payroll check(s).							
error to my account indicated above via electronic transfer of funds, and (2) my financial institution to credit and/or debit the same to my account. This authorization will remain in effect until canceled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. Should any problem occur with the direct deposit process, I authorize the City of								

Signature

Please return this completed form in person, or in a sealed envelope to:

Riverside to cancel the electronic transfer and issue a paycheck to me.

If you have any questions regarding this form: Please contact the Payroll Department at 951-826-5838

Date

City of Riverside Attn: Finance/Payroll (6<sup>th</sup> Floor) 3900 Main Street Riverside, CA 92522