

FAXES ARE NOT ACCEPTED

**DIRECT DEPOSIT REQUEST
FORM**



You are limited to three (3) accounts and may add one additional for TreasuryDirect bonds.

Employee ID (required)	Department
Last Name	First Name

CHECKING ACCOUNTS

Complete the checking account section only and attach a voided check for each checking account listed.

Bank Name	Routing #	Account Number	% of Net Pay	Dollar Amount
Skylight ONE Pay Card				

SAVINGS ACCOUNTS

Complete the savings account section only and attach documentation from the bank for each account listed.

Bank Name	Routing #	Account Number	% of Net Pay	Dollar Amount

TREASURY DIRECT SAVINGS BONDS

Complete this section to have funds deposited with the US Treasury to purchase savings bonds. You must attach a copy of your Treasury Direct documentation which includes your routing and account #.

Routing #	Account Type	Account #	Amount
051736158	Checking Account	<input checked="" type="checkbox"/>	

I authorize the County of Riverside to initiate deposits (credits) and/or corrections to the financial institutions indicated herein. The financial institution is authorized to credit and/or correct the amounts to my account. This authority will remain in full force and effect until the County has received written notification from me in the form of a revised authorization, canceling this authorization in such time and such manner as to afford the County and depositor a reasonable opportunity to act on it. I understand it may take up to three (3) pay periods for this authorization to become effective during which time I will receive a mailed warrant (check). No mark outs or alternation to this paragraph will be accepted.

Employee Signature (required)	Date
Please enter a phone # that you can be reached at during the hours of 7:30AM - 5:00PM. If we are unable to contact you, processing of request may be delayed.	Telephone Number

AUDITOR-CONTROLLER USE ONLY

Pay Period Processed	Keyed By	Date Entered

MAIL STOP 1160 OR MAIL TO PO BOX 1326, RIVERSIDE, CA 92502