

FAXES ARE NOT ACCEPTED

**DIRECT DEPOSIT REQUEST  
FORM**

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



|                               |                   |
|-------------------------------|-------------------|
| <b>Employee ID (required)</b> | <b>Department</b> |
|                               |                   |
| <b>Last Name</b>              | <b>First Name</b> |
|                               |                   |

**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 |
|-------------------------|-----------|----------------|--------------|---------------|
|                         |           |                |              |               |
|                         |           |                |              |               |
| <b>SmartOne Paycard</b> |           |                |              |               |

**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.**

|   |                         |
|---|-------------------------|
| <b>Employee Signature (required)</b>  | <b>Date</b>             |
|   |                         |
| 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. | <b>Telephone Number</b> |
|   |                         |

| <b>AUDITOR-CONTROLLER USE ONLY</b> |          |              |
|------------------------------------|----------|--------------|
| Pay Period Processed               | Keyed By | Date Entered |
|                                    |          |              |

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