



OFFICE OF THE
RIVERSIDE COUNTY
AUDITOR-CONTROLLER

Main Phone (951) 955-3810

**FAXES ARE NOT
ACCEPTED FOR
NEW REQUEST
OR REVISIONS**

DIRECT DEPOSIT AUTHORIZATION

NEW REVISED

Must print in Black or Blue ink ONLY.

Employee ID (Required)	Last Name	First Name	Social Security Number
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CHECKING ACCOUNT: **Complete checking account section only and attach a voided check for each checking account listed.**

Bank Name	ABA Routing #	Checking Account Number	% Net Pay	\$ Amount
Bank Name	ABA Routing #	Checking Account Number	% Net Pay	\$ Amount
Bank Name	ABA Routing #	Checking Account Number	% Net Pay	\$ Amount

SAVINGS ACCOUNT: **Complete savings account section and attach a copy only of the portion of the savings account statement that contains the routing and account numbers for the financial institution.**

Bank Name	ABA Routing #	Savings Account Number	% Net Pay	\$ Amount
Bank Name	ABA Routing #	Savings Account Number	% Net Pay	\$ Amount
Bank Name	ABA Routing #	Savings Account Number	% Net Pay	\$ Amount

I authorize the County of Riverside to initiate deposits (credits) and/or corrections to the financial institution 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 the 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, the warrant will be mailed to my mailing address. *(No mark outs or alterations to this paragraph will be accepted.)*

Employee Signature (Required)	Telephone Number ()	Date
Department Representative (Print & Sign)	Department	Telephone Number ()

DISTRIBUTION: Original – CENTRAL PAYROLL

Office Use Only

Pay Period	Keyed By	Date