



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

**AUDITOR-CONTROLLER
DIRECT DEPOSIT REQUEST FORM**

NEW REVISED

Must print in Black or Blue ink ONLY.

Employee ID (Required)	Last Name	First Name
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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

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

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	Dept Payroll Rep. Telephone Number ()	

DISTRIBUTION: Original – ACO PAYROLL

ACO Payroll Use Only

Pay Period	Keyed By	Date

Revised (4/2009)