

FAXES ARE NOT ACCEPTED

## DIRECT DEPOSIT REQUESTFORM

*You are limited to three (3) accounts.*

Employee ID (required)		Department		
N/A				
Last Name		First Name		
Romo		Alejandro		
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
Global Cash 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

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-CONTROL LER USE ONLY		
Pay Period Processed	Keyed By	Date Entered

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