## CITY OF OAKLAND Direct Deposit Authorization Form

- Complete this form with your Name, Employee Identification Number, Work Address and Work Phone Number.
   Indicate whether pay is to be deposited into a checking account, savings account, or both. Your direct deposit must equal 100% of your net pay.
- If you are directing your monies to an account with checks, please attach a voided check to this form.
- If your account does not have checks, please attach official documentation from your financial institution stating the routing number and account number to this form.
- If you wish to deposit a specific dollar amount for one account, please specify a dollar amount to account #1 and
  then indicate 100% to the Account #2 to ensure the remainder of your net pay is deposited into the Secondary
  Account. If you are requesting more than 3 accounts please attach another form with the appropriate bank
  information.

Please Check Appropriate Box	Enroll 🗆	Change Change Reason:	Cancel  Transferring to Pay Card
Employee Nar	ne	Employee ID #/Work Address	Department/Phone#
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Account#1	į.	Account #2	Account/#3
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Account Type (Circ	179767	Account Type (Circle One)	Account Type (Circle One)
Checking Sa	vings	Checking Savings	Checking Savings
Name(s) on Acco	ount	Name(s) on Account	Name(s) on Account
Account Numb	oer .	Account Number	Account Number
Routing Numb	er	Routing Number	Routing Number
Bank Name	i i	Bank Name	Bank/Name
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Bank Branch	<b>l</b>	Bank Branch	Bank Branch
			TO THE PROPERTY OF THE PROPERT
I hereby authorize the City (	of Oakland to initia	te deposits (or correcting entries to previou	s deposits) to my account (s).
I understand that I must dep This authority is to remain i	posit 100% of my pa In force until 1 revol	y. ke it by giving written notice to my employe.	r or upon termination of my employment.
Signature		Date	
For Office Use Only			
	Inn	uf By Date	