

# 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 Name	Employee ID # / Work Address	Department / Phone #
<b>Account #1</b>	<b>Account #2</b>	<b>Account #3</b>
\$ _____ or _____ % <small>Amount      Percentage</small>	\$ _____ or _____ % <small>Amount      Percentage</small>	\$ _____ or _____ % <small>Amount      Percentage</small>
<b>Account Type (Circle One)</b>	<b>Account Type (Circle One)</b>	<b>Account Type (Circle One)</b>
<b>Checking      Savings</b>	<b>Checking      Savings</b>	<b>Checking      Savings</b>
<b>Name(s) on Account</b>	<b>Name(s) on Account</b>	<b>Name(s) on Account</b>
<b>Account Number</b>	<b>Account Number</b>	<b>Account Number</b>
<b>Routing Number</b>	<b>Routing Number</b>	<b>Routing Number</b>
<b>Bank Name</b>	<b>Bank Name</b>	<b>Bank Name</b>
<b>Bank Branch</b>	<b>Bank Branch</b>	<b>Bank Branch</b>
<p><i>I hereby authorize the City of Oakland to initiate deposits (or correcting entries to previous deposits) to my account (s). I understand that I must deposit 100% of my pay. This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.</i></p>		
Signature _____		Date _____
<b>For Office Use Only</b>		
Input By _____		Date _____