

RIVERSIDE COMMUNITY COLLEGE DISTRICT BUSINESS & FINANCIAL SERVICES PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

□New	Employee No	PAYROLL USE ONLY
☐Canasilation	None	Changes entered: Completed by:
☐ Cancellation	Name:	Completed by.
I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:		
You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:		
1. Total Net Pay	or \$	
Financial Institution:		
Checking Account #		
Savings Ac	count #	
(attach a voided check or portion of bank statement or letter from bank displaying the account & routing number)		
2. Remaining B	alance <u>or</u> \$	
Financial Institution:		
Checking A	account #	
Savings Ac	count #	
(attach a voided ch	eck or portion of bank statement or letter from bank displa	aying the account & routing number)
3. Remaining B	alance	
Financial Inst	itution:	
Checking A	ccount #	
Savings Ac	count #	
(attach a voided check or portion of bank statement or letter from bank displaying the account & routing number)		
I,		
DATE:	SIGNATURE:	