



**City of Oxnard Direct Deposit Authorization**  
**This form must be completed for all direct deposit authorizations**

Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Phone No. \_\_\_\_\_

- **Submit separate authorization forms for each transaction.**
- **Please note that due to the prenote process, you will receive a live check before the direct deposit begins. Please monitor your account to ensure direct deposit has begun**

**Financial Institution Information:**

Please check the appropriate box and fill out the form below:

|  |                          |  |
|--|--------------------------|--|
| <input type="checkbox"/> Canceling account | <input type="checkbox"/> | Direct deposit already set up, changing \$ amount only   |
| <input type="checkbox"/> A new account     | <input type="checkbox"/> | A new account to replace a direct deposit already set up |

Indicate which account: \_\_\_\_\_

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A. Bank Name \_\_\_\_\_

B. Bank ABA No. (9 digit code)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

C. Bank Account #

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

D. Checking  Savings

\* If checking attach a voided check      \*If savings attach documentation from bank

E. Net Deposit  Partial Amount \$

I authorize the City of Oxnard to initiate credits (and/or corrections to previous credits) to the financial institution designated above.

This authorization will remain in effect until I provide written notice to the City of Oxnard either to change or terminate this authorization.

Please cancel your direct deposit prior to notifying your financial institution when closing an account to ensure sufficient time for processing.

***Return to the General Accounting/Payroll Division***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

rev 6/13