RESET FORM

CITY OF RICHMOND
AUTOMATIC CHECK DEPOSIT REQUEST

PENSION: **FIRE - GENERAL - POLICE**

NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: **XXXX - XX -** _____

DATE OF BIRTH: **-** **-** _____
Month Day Year

☐ CHECKING (*attach a voided check*)

☐ SAVINGS (*required printout from bank institution displaying name of bank, routing and account number*)

I hereby authorize the City of Richmond to deposit the net amount of my paycheck into my checking account and if necessary to make any adjustments or corrections to my checking account for any deposits made to my account in error. This authorization shall remain in full effect until I notify the City in writing of its termination. **I have attached a voided check** showing the bank name and account number into which the deposit should be made. The voided check will be used by the City of Richmond Finance Department in preparing the necessary form to complete the automatic deposit of my paycheck.

An itemized statement will be provided by the City at or around the date of each such deposit. The statement will show the wages, deductions, and the net amount deposited.

_____
Signature

_____
Date .

450 Civic Center Plz. ● P.O. Box 4046 ● Richmond, CA 94804 ● Phone: (510) 620-6740 ● Fax: (510) 620-6522