RESET FORM

CITY OF RICHMOND

AUTOMATIC CHECK DEPOSIT **CANCELLATION**

PENSION: ☐ **FIRE** ☐ **GENERAL** ☐ **POLICE**

NAME: _____

Last First MI

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

Upon receipt of this notice, the Finance Department will terminate the Automatic Check Deposit Request and prepare a draft starting with the following payroll.

BANK: _____

ACCOUNT NUMBER (LAST FOUR DIGITS): _____

_____

Signature

_____

Date .

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