



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 complete the form below:

Form with fields for account type (New/Cancel), bank information (Name, ABA, Account No.), deposit type (Checking/Savings), and net deposit 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 Human Resources, Payroll Division

Employee Signature

Date