

**CITY OF RED BLUFF**  
**DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize the City of Red Bluff to initiate entries to my checking/savings accounts at the financial institution listed below, (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the City of Red Bluff is notified by me in writing to cancel it in such time as to afford the City of Red Bluff and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name – Please Print

\_\_\_\_\_  
Employee Address

Set Amount: \_\_\_\_\_

Maximum Amount: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

*(Look between these symbols 1: :1 on the bottom left of your check)*

**PLEASE ATTACH A “VOIDED” CHECK FROM THE  
FINANCIAL INSTITUTION**