



City of Oceanside

City of Oceanside Direct Deposit Form

Fed. ID # 95-1688570

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize The City of Oceanside, hereafter called City, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereaft

Check One: _____ **New Authorization** _____ **Changes To Authorization** _____ **Cancellation**

Check One: _____ **Checking Account** _____ **Savings Account**

PLEASE ATTACH A VOIDED CHECK

PLEASE VERIFY NUMBERS WITH YOUR BANK

Payee Name and Address (Please Print)

Depository Name (Bank Name)

Branch

Address (Street)

(City)

(State)

(Zip Code)

Transit Routing / ABA Number

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Account Number Information

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This authority is to remain in effect until City has received written notification for its termination in such time and such manner as to afford City and Depository a reasonable opportunity to act on it.

Print Name: _____

Phone: _____

Title: _____

E-mail: _____

Authorized Signature: _____

Date: _____

REMEMBER TO:

1. Sign and date
2. ATTACH A VOIDED CHECK (If Checking Account)
3. Submit form to City of Oceanside / Housing Dept. / Section 8 Division
300 N. Coast Highway, Oceanside, CA 92054 (760) 435-3370
(760) 435-6470 fax

*** NOTE: Direct Deposit is subject to electronic prenotification to your bank.
This process takes approximately 60 - 90 days to complete.**

For City Use Only

Vendor # _____ K/P Change _____ Prenote Sent _____ Initials _____