



EFT Direct Deposit Authorization

Please complete and return this form to:
U.S. Bank Institutional Trust & Custody
Payment Services Department
P.O. Box 64716
St. Paul, MN 55164-0716
Fax: 844-280-1330

Please note: Incomplete or incorrect information will result in the request not being process and returned to you.

I authorize and direct U.S. Bank Institutional Trust & Custody and the financial institution listed below to initiate deposits of funds to which I am entitled automatically into my account. If funds to which I am not entitled are deposited to my account, I authorize U.S. Bank to direct the financial institution identified below to return said funds. This authority will remain in effect until I have cancelled it in writing, at such time and in such manner as to afford U.S. Bank a reasonable opportunity to act.

Pension Plan or Trust Account Name: COUNTY OF RIVERSIDE
Pension Plan or Trust Account Number: 19-506550

Name: _____
Social Security Number: _____
Address: _____

Financial Institution Name: _____
Address of Financial Institution: _____

ABA Routing Number: _____
Account Number: _____
Type or Account: Checking Account Savings Account

Signature: _____
Date: _____