

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____

EMP #: ____ - ____ - ____

YES! I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account at the financial institution(s) shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; my employer cannot issue the funds to me until the funds are returned to my employer by my financial institution.

Signature _____

Date _____

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program.)

Request direct deposit to my CHECKING account:

Deposit my net pay:

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 69)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 59)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 67)

Request direct deposit to my SAVINGS account:

Deposit my net pay:

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 70)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 60)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 68)

Please staple an original **Voided** Check or Deposit Slip for **each** account (checking, savings or both) that shows your financial institution and account number. Please note that new direct deposits require a one payroll, pre-notification cycle before the actual deposit begins, so you may still receive at least one check (possibly two) after this form has been submitted. This pre-notification cycle verifies your bank number, account number and account type. Changing direct deposit accounts also requires the same pre-notification cycle. When possible, please do not close your account without giving your payroll office two week's prior notice.

Your direct deposit will start on _____ payday. (for payroll use)

To be completed by the Agency Payroll Section:

CIPPS Updated by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___ 3/05