



Direct Deposit Authorization Form

Please attach a **VOIDED CHECK** or a letter from your bank, stating their routing number, your account number and the type of account, i.e. checking or saving. Employees may elect to authorize a full or partial deposit of earned wages to a checking or savings accounts at up to two (2) different banks, financial institutions or credit unions.

If you are designating an account, you must:

- 1) Already have the account set up at your bank
- 2) Find out if the bank accepts direct deposits
- 3) Verify the bank's routing transit number (or "ABA") and your account number (including dashes)
- 4) Check with your bank for any special requirements they have for setting up a direct deposit

Please check the action you wish to take and fill out the form below. Return this form to the Payroll Department or your Administrative Assistant.

- New account (complete A-E below)
- Replacing existing account (complete A-E below). Specify account you are replacing: _____
- Changing amount of direct deposit (complete C-E below)
- Canceling account (complete C below) **Failure to cancel your direct deposit prior to closing your bank account, may result in your bank holding your funds. We are unable to reissue a paycheck until your bank returns the funds to us.**

Information for Account #1:

- A. Bank Name _____ B. Bank ABA # _____ C. Bank Account # _____
- D. (Check one) Checking Savings
- E. Full Deposit
- Partial Deposit (amount per pay period; flat amount, no percentages) \$ _____
- Partial Deposit (balance of net pay)

Information for Account #2:

- A. Bank Name _____ B. Bank ABA # _____ C. Bank Account # _____
- D. (Check one) Checking Savings
- E. Full Deposit
- Partial Deposit (amount per pay period; flat amount, no percentages) \$ _____
- Partial Deposit (balance of net pay)

If you are designating dollar amounts, be sure that one account provides for deposit of net pay balance. Your direct deposit will **typically be effective 2-3 pay periods** after this form has been entered into your account. If you are terminating or changing an authorization, please allow sufficient time for the change to take effect.

I authorize CDTA/CDTS and the bank(s) listed above to deposit my net pay or portion thereof as indicated above into my account(s) each payday. If funds to which I am not entitled are deposited to my account, I authorize CDTA/CDTS to direct the bank(s) to return said funds.

I understand that some banks do not post funds until the afternoon; therefore, my deposit may not be credited to my account until the afternoon of the pay date indicated on the check. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.

I understand that this authorization will remain in effect until I replace it with a substitute authorization, notify CDTA/CDTS in writing that I am terminating this authorization, or CDTA/CDTS notifies me in writing that it is canceling this authorization. I further understand that at CDTA/CDTS discretion, this authorization may not apply to final wages due upon termination of my employment.

Employee Name: _____ Employee ID #: _____

Signature: _____ Date: _____

For Payroll Purposes Only:

Entered by: _____ Date: _____