



Direct Deposit Authorization Form

Please attach a **VOIDED CHECK** if you direct any of your wages to be deposited into your checking account.

Direct Deposit Authorization Form

Employees may elect to authorize a full or partial deposit of earned wages to checking or savings accounts at up to Two (2) different banks, savings /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; and 3) verify the bank's routing transit number (or "ABA") and your account number (including dashes). You must also notify the bank that you are going to set up direct deposit through payroll. Make sure that you check whether your bank has special requirements for setting up direct deposit.

Please check the action you wish to take and fill out the form below. Return this form to Payroll/Finance with a voided check from your checking account or a deposit slip from your savings account.

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).

Cancelling account (complete C below). Do not close an account until you cancel the direct deposit authorization for the account. Processing of your request may take up to two pay periods.

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) \$ _____

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) \$ _____

Partial Deposit (balance of net pay)

Use additional forms for direct deposits to additional accounts. Up to Two (2) accounts may be used for direct deposit. If you are designating dollar amounts, be sure that one account provides for deposit of net pay balance; if using percentages, be sure that designated percentages add up to 100 percent.

Your direct deposit will usually be effective the second pay period after it was entered. 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: _____

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For payroll purposes only:

Date Entered: _____ By: _____