

DIRECT DEPOSIT AUTHORIZATION FORM

BEFORE YOU ENROLL IN DIRECT DEPOSIT:

- You must already have an account set up at your Bank or Credit Union.
- Find out if they accept direct deposits, then notify them of your intentions.
- Complete this form and return to the Finance Department of your region or directly to the Payroll Department at the Administration Building.

NAMEEMPLOYEE NUMBER			REGION		
		LAST 4 OF S.S. #			
 ALL accounts a You must attach Forms without If you need to c You may have 	olete this form to add, are pre-noted before d in a voided check (not voided checks will no close your bank account up to three direct depo	irect deposit goes into e a deposit slip) for each t be accepted. nt, you first must cancel osit accounts.	ffect. account to eliminate errors	r to closing your bank accou	
<u>Institution Name</u>	Routing #	Account #	Account Type	<u>Deposit Type</u>	Reason
1			Checking Savings	Net Deposit	Add Delete Change
2			Checking Savings	Partial Deposit: \$	Add Delete Change
3			Checking Savings	Partial Deposit: \$	Add Delete Change
I hereby authorize the Cl for any credit entries in e	•	o initiate automatic depo	osits/and or credit entries an	nd if necessary, debit entries	and adjustments
Signature		Work Phone		Date	

This authorization bears my signature above and is to remain in effect until CPD has received written notification from me of its termination in such time (a period not less than five days) to afford CPD and depositary a reasonable opportunity to act on it. Under penalty of perjury, I state that I understand and agree to the terms and conditions of this Direct Deposit Authorization.

Revised 5/16