

Electronic Funds Transfer (EFT) Direct Deposit Enrollment Authorization Form

Completion instructions are on Page 2. Please type or print clearly in ink.

SECTION A

1. TYPE OF ACTION a. <input type="checkbox"/> NEW (Sections A,B, & C Must Be Completed) b. <input type="checkbox"/> CHANGE (Sections A,B, & C Must Be Completed) c. <input type="checkbox"/> CANCEL (Sections A,B, & C Must Be Completed)	2. SOCIAL SECURITY NUMBER	3. DISTRIBUTION CODE OR CREW #
4. EMPLOYEE NAME		

SECTION B

ATTACH VOIDED CHECK HERE	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Net Pay will be deposited into checking account listed below each pay period. </div>	
	FINANCIAL INSTITUTION INFORMATION	
	3. ABA ROUTING & TRANSIT NUMBER (9 digits. See Sample of Voided Check on Page 2.)	4. DEPOSITOR ACCOUNT NUMBER (Up to 17 digits. See Sample of Voided Check on Page 2.)
	5. FINANCIAL INSTITUTION NAME	6. FINANCIAL INSTITUTION TELEPHONE
	7. FINANCIAL INSTITUTION ADDRESS (Number and Street) (City) (State) (Zip)	

SECTION C

Important! Please read and sign before completing and submitting.

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled by the employee, or until the program is terminated. Your EFT transaction will continue to be deposited into your designated account at the Financial Institution noted until the Agency Payroll Office is notified in writing that you wish to re-designate your account and/or your Financial Institution, and your Agency Payroll Office has had a reasonable period of time to execute your instruction. To do so, submit a new form with the new information. If any action or inaction taken by the employee results in non-acceptance of an EFT deposit by the designated Financial Institution, employee understands that we assume no responsibility for processing a supplemental check until the amount of the non-accepted deposit is returned to our Financial Institution. **DO NOT CLOSE YOUR ACCOUNT UNTIL YOU HAVE NOTIFIED PAYROLL.**

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment is sent, we reserve the right to debit the account for an amount not to exceed the original amount of the erroneous EFT payment. In the event that a debit cannot be implemented, we will utilize any other lawful means to retrieve payments to which the account holder was not entitled. By signing this Form, account holder and each joint account holder, if any, agrees to this transaction.

I/We hereby certify that I/We have read and understand the information contained in Section C of this form, including the authorization for recovery. In signing this form, I/We authorize the payment as indicated above to be sent to the Financial Institution named herein to be deposited to the designated account. I/We acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law.	1. AUTHORIZED ACCOUNT HOLDER SIGNATURE ↘	2. DATE
	3. JOINT ACCOUNT HOLDER SIGNATURE ↘	4. DATE
I authorize _____ to deposit the amount indicated in Section B to the account listed on this form. Authorization is ongoing until rescinded by me or by my actions.	5. EMPLOYEE DEDUCTION AUTHORIZATION ↘	6. DATE

PLEASE READ THIS INFORMATION CAREFULLY

COMPLETION INSTRUCTIONS

To enroll in EFT / Direct Deposit, complete this form as follows:

General Instructions

- Complete Sections A, B and C
- Return completed form and any attachment to your Agency Payroll Office

Specific Instructions

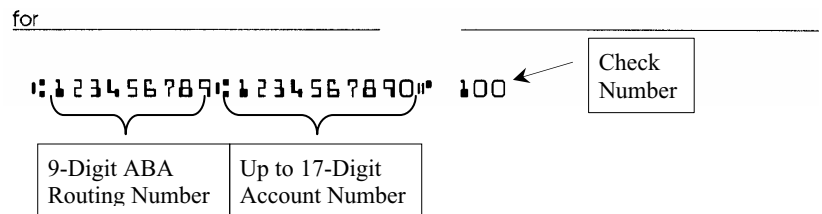
- Section A (1) Type of Action
 - New – Complete for new enrollment or re-enrollment after cancellation
 - Change – Complete to change depositor account number within the same Financial Institution, to change the fixed dollar amount sent to this account each month, or to change between checking and savings designations. See note regarding changes and cancellations in Section C. If changing the dollar amount of an existing fixed authorization, no cancelled check or Financial Institution authorization is necessary.
 - Cancel – Complete to cancel all future EFT payments to the designated depositor account number. See note regarding changes and cancellations in Section C.
- Section A (3) Distribution Code or Crew #
 - Agency code used to designate workplace or staffing unit

Here's how EFT / Direct Deposit works:

- ◆ On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will be deposited in your account.
- ◆ Due to the EFT account verification procedures, there will be at least a one-month delay for authorizations to become active. A physical check will be issued in the interim.

- Section B (3) ABA Routing & Transit Number
 - See check sample for location of 9-Digit ABA Routing Number

- Section B (4) Depositor Account Number
 - See check sample for location of Account Number. Up to 17 digits may be used. This number may also be placed to the right of the check number.



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 - See check sample for location of 9-Digit ABA Routing Number
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 - See check sample for location of Account Number. Up to 17 digits may be used. This number may also be placed to the right of the check number.
- Section C (1) Authorized Account Holder Signature and Section C (3) Joint Account Holder Signature
 - This form must be signed by the person or persons named on the designated account. Only the account holder(s) can authorize EFT transactions to/from their accounts.
- Section C (3) Joint Account Holder Signature
 - If held by more than one person, the joint account holder must also authorize these EFT transactions.
- Section C (5) Employee Authorization
 - Employee signature to authorize deduction from his or her paycheck. Form is invalid without this signature.