



DIRECT DEPOSIT FORM

PLEASE TYPE OR USE BALL POINT PEN - PRINT CLEARLY PLEASE RETURN COMPLETED FORM TO THE CGU PAYROLL OFFICE.

SECTION A (To be completed by employee)

| | |
|--|--|
| 1. Enrollment Action | 2. SOCIAL SECURITY NUMBER |
| <input type="checkbox"/> NEW MUST COMPLETE SECTIONS A, B, & C Attach a voided check | 3. NAME (First Middle Last) |
| <input type="checkbox"/> CHANGE MUST COMPLETE SECTIONS A, B, & C | 4. ADDRESS (Number & Street) |
| <input type="checkbox"/> CANCEL MUST COMPLETE SECTIONS A & D | (City State Zip) |

SECTION B (To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)
 Type of Account: - Must be checked. If left blank, request will be processed for checking account

| | | |
|--|--|--|
| <input type="checkbox"/> Checking (must attach voided Check) | <input type="checkbox"/> Savings | <input type="checkbox"/> Other - Specify |
| Amount: \$ _____ | Amount: \$ _____ | Amount: \$ _____ |
| Or Net Pay: \$ <input type="checkbox"/> | Or Net Pay: \$ <input type="checkbox"/> | Or Net Pay: \$ <input type="checkbox"/> |
| Routing Number | Routing Number | Routing Number |
| Account Number | Account Number | Account Number |
| Financial Institution Name | Financial Institution Name | Financial Institution Name |
| Financial Institution Address (street, City, State, Zip) | Financial Institution Address (street, City, State, Zip) | Financial Institution Address (street, City, State, Zip) |

MUST ATTACH A VOIDED CHECK

SECTION C (To be completed by employee if this is a **NEW** request or a **CHANGE** in Section A)

| | |
|--|--|
| A t t a c h V o i d e d C h e c k | <p>I hereby authorize the Payroll Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.</p> <p>If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Payroll Office to either:</p> <p style="margin-left: 20px;">(a) Withhold a sum equal to the overpayment from future salary or wages; or</p> <p style="margin-left: 20px;">(b) Recover such overpayment from the above-designated account</p> <p>If the Payroll Office is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the Payroll Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the Payroll Office assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the Payroll Office by the financial institution.</p> |
| SIGNATURE | DATE |

SECTION D (To be completed by employee if this is a request to **CANCEL** an existing Direct Deposit)

| | | |
|--|-----------|------|
| <input type="checkbox"/> I hereby CANCEL my Direct Deposit Authorization | SIGNATURE | DATE |
|--|-----------|------|

SECTION E (To be completed by Payroll Office only)

| | | |
|---------------|--------------|--------------|
| Date Received | Processed By | Date Entered |
|---------------|--------------|--------------|