



## Direct Deposit Enrollment Authorization

- COMPLETE POLICY IS ON BACK.
- PLEASE TYPE OR USE BALL POINT PEN - PRINT CLEARLY
- PLEASE RETURN COMPLETED FORM TO THE CGU PAYROLL OFFICE.
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### SECTION A (To be completed by employee)

<b>1. TYPE OF ENROLLMENT ACTION</b>  1. <input type="checkbox"/> <b>NEW</b> MUST COMPLETE SECTIONS A, B, & C  2. <input type="checkbox"/> <b>CHANGE</b> MUST COMPLETE SECTIONS A, B, & C  3. <input type="checkbox"/> <b>CANCEL</b> MUST COMPLETE SECTIONS A & D	<b>2. SOCIAL SECURITY NUMBER</b>  <b>3. NAME</b> (First                      Middle                      Last)  <b>4. ADDRESS</b> (Number & Street)  (City    State    Zip)  <b>5. INSTITUTION</b>
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### SECTION B (To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)

<b>1. TYPE OF ACCOUNT – MUST BE CHECKED.</b> If left blank, request will be processed for <b>CHECKING</b> account. <input type="checkbox"/> <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b>	
<b>Verify Routing/Depositor Numbers with Financial Institution</b>	
<b>2. ROUTING NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>3. ACCOUNT NUMBER</b>
<b>4. FINANCIAL INSTITUTION NAME</b>	
<b>5. FINANCIAL INSTITUTION ADDRESS</b> (Number, Street, City, State, & Zip)	

### 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  C h e c k	<p><b>I hereby authorize</b> 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: 40px;">(a) Withhold a sum equal to the overpayment from future salary or wages; or</p> <p style="margin-left: 40px;">(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>
	<b>DATE</b>
	<b>DATE</b>

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

<input type="checkbox"/> I hereby <b>CANCEL</b> my Direct Deposit Authorization	<b>SIGNATURE</b>	<b>DATE</b>
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### SECTION E (To be completed by Payroll Office only)

Date Received	Processed By	Date Entered
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