

SENATE PAGE DIRECT DEPOSIT AUTHORIZATION

Print Full Name: _____

Employee ID: _____
(to be completed by Fiscal Ofc.)

Please deposit my net pay each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Employee Signature _____

Date _____

This section should be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. Deposit slips can NOT be used.

Print name of Financial Representative: _____ Phone: _____

Signature of Financial Representative: _____ Date: _____

Direct Deposit to the following **CHECKING** account(s). A voided check is attached _____

If a voided check is NOT attached, then this section should be completed by your financial institution.

SALARY

PER DIEM

| | | |
|--|--|---|
| <input type="checkbox"/> Deposit net pay to: <hr/> Name of Financial Institution <hr/> Routing # <hr/> Account # <input type="checkbox"/> New <input type="checkbox"/> Change (Deduction 169) | <input type="checkbox"/> Deposit net pay to: <hr/> Name of Financial Institution <hr/> Routing # <hr/> Account # <input type="checkbox"/> New <input type="checkbox"/> Change (Deduction 169) | <hr/> Parent/Guardian Signature <hr/> Date |
|--|--|---|

Direct Deposit to the following **SAVINGS** account(s).

This section should be completed by your financial institution. Deposit slips can NOT be used.

SALARY

PER DIEM

| | | |
|--|--|---|
| <input type="checkbox"/> Deposit net pay to: <hr/> Name of Financial Institution <hr/> Routing # <hr/> Account # <input type="checkbox"/> New <input type="checkbox"/> Change (Deduction 170) | <input type="checkbox"/> Deposit net pay to: <hr/> Name of Financial Institution <hr/> Routing # <hr/> Account # <input type="checkbox"/> New <input type="checkbox"/> Change (Deduction 170) | <hr/> Parent/Guardian Signature <hr/> Date |
|--|--|---|

To be completed by the Agency Payroll Section: **Your direct deposit will start on** ___/___/___ **payday.**

CIPPS Updated by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___