



**PAYROLL DIRECT DEPOSIT
AUTHORIZATION**

Check one: INITIAL SET UP CHANGE

INSTRUCTIONS:

Complete all sections. Be certain to sign and attach the necessary documents (either a voided check or a letter from your financial institution that has both the routing and account numbers listed).

EMPLOYEE INFORMATION

Name: _____
Last First Middle (complete) Jr., etc.
CF ID No.: _____

ACCOUNT #1

Bank Name: _____
 Check if this is a change.
Routing No.: _____ **Account No.:** _____
 Check if this is a change. Check if this is a change.
Type (check one): Checking Savings **Dollar Amount or Percent:** _____
 Check if this is a change.

ACCOUNT #2

Bank Name: _____
 Check if this is a change.
Routing No.: _____ **Account No.:** _____
 Check if this is a change. Check if this is a change.
Type (check one): Checking Savings **Dollar Amount or Percent:** _____
 Check if this is a change.

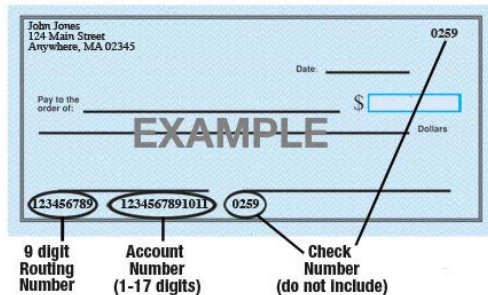
AUTHORIZATION

I authorize CF to transfer my pay electronically into my account(s) as indicated below. I understand that the initial pay after this form is processed may be in the form of a physical check that will be mailed to the address on file in the college's personnel system. I further understand that all changes require that I appear in person at the Payroll Office in Founder's Hall (Building 1) and present a valid photo identification card as verification of my identity. This requirement is to protect my identity and assure that my pay check funds are deposited into the accounts I have authorized.

Signature _____

Date (MM/DD/YY) _____

Attach a voided check or bank document.



Office Use Only		
Type of ID: _____	Last 6 Digits: _____	Expiration Date: _____
Verified by: _____		Date: _____