

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____

Employee ID #: _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) 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. I attest that the full amount of my direct deposit is not being forwarded to a bank in another country* and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Employee Signature _____ Date _____

* This testament is being made as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense.

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.

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.

<input type="checkbox"/> Deposit net pay to: _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 69)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 59)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 67)
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Direct Deposit to the following SAVINGS account(s).
This section should be completed by your financial institution. Deposit slips can NOT be used.

<input type="checkbox"/> Deposit net pay to: _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 70)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 60)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 68)
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To be completed by the Agency Payroll Section: **Your direct deposit will start on ___/___/___ payday.**

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