

OF CHICAGO

PAYROLL: DIRECT DEPOSIT AUTHORIZATION FORM

Election (Check One) Add an Account**	New Contribution**
☐ Change an Existing Account**	☐ Fixed Amount: ☐ Percentage of Pay:
☐ Stop Direct Deposit	<u> </u>
PART I: PERSONAL DATA	
Name:	
Location:	Employee ID:
Email Address:	Work Phone:
PART II: ACCOUNT INFORMATION	
Please complete all account and bank information below.	
Type of Account: ☐ Checking ☐] Savings
Bank/Institution Name:	
Address:	
City: State:_	Zip Code:
Transit/ABA No:	_Account No:
Check Example	
	1- Transit/ABA Routing Number 2- Account Number
1 2	Attention Attach a voided check, deposit slip, or bank
Your direct deposit election should begin within two pay	periods after receiving the completed form and documentation.
	cometimes use difference ABA routing numbers and account numbers than to request the correct number and account number to set up your deposit.
hereby authorize City Colleges of Chicago (CCC) to initiate credit en	e to incorrect data entry/setup on the part of the employee. In addition, I not tries and to initiate, if necessary, debit entries and adjustments for any stitution named about, thereinafter called Bank/Institution, to credit and/or
This authority is to remain in full force and effect until CCC has received manner as to afford CCC and the Bank/Institution reasonable opport	ived written notification from me of its termination in such time and in such tunity to act on it.
Employee Signature	