

# Direct Deposit Authorization



Entity CCF:  Clinical  Hospital  Exempt  Fellows/Residents  Staff  Nevada  
EAST  Corporate  Euclid  Hillcrest  Huron  South Pointe  
WEST  Fairview  Lakewood  Lutheran  Marymount

Employee Number \_\_\_\_\_ Employee Name (Please print) \_\_\_\_\_

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**Net Payroll Deposit Account Information** – This is the account where your net payroll check will be deposited. See below for establishment of a partial deposit account.

**This request:**

- Establishes a new net payroll deposit account.
- Changes an existing net payroll deposit account.
- Cancels an existing net payroll deposit account.

<b>Account Type:</b> <input type="radio"/> Checking <input type="radio"/> Savings											
ABA Routing Number	Account Number										
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For checking accounts – **To process, a voided check must be attached.**

**Partial Deposit Account Information** – This is the account where partial amounts will be deposited. Please specify whole dollar amounts to be deducted from each payroll check. The remainder will be deposited in your net payroll deposit account (see above.)

**This request:**

- Establishes a new partial deposit account.
- Changes an existing partial deposit account.
- Changes an existing partial deposit amount.
- Cancels an existing partial deposit account.

<b>Account Type:</b> <input type="radio"/> Checking <input type="radio"/> Savings											
ABA Routing Number	Account Number										
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____
Amount (whole dollar amounts only)											
<b>.00</b>											

For checking accounts – **To process, a voided check must be attached.**

**Terms & Conditions**

**Pre-notification process: I understand I will receive a live payroll check for the first payroll period following submission of this request. Direct deposit will commence with the second payroll period unless otherwise notified by the Payroll department. Your future deposit advices will be available electronically.**

I understand that deposited funds for bi-weekly employees are not guaranteed until Friday and that manual checks cannot be directly deposited.

I understand that it is my responsibility to notify the payroll department of any change in financial institution affiliation or account number and to submit a revised direct deposit authorization. Such a revision is subject to the pre-notification process described above.

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_