



DIRECT DEPOSIT ENROLLMENT/AGREEMENT FORM FOR PAYROLL

Please select one: ☐ New Enrollment ☐ Changes to Current Enrollment ☐ Stop Enrollment

PART I: PERSONAL DATA

Name: _____ Employee ID: _____

Location: _____ Department: _____

Home Phone: _____ Work Phone: _____

PART II: ACCOUNT INFORMATION

Please complete all account and bank information below for new enrollment or change to your current enrollment.

Type of Account: ☐ Checking ☐ Savings

Bank/Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA No: _____ Account No: _____

Please Note:

- You **MUST** attach a voided check(s) or a copy of a check(s) and allow 4-6 weeks for normal processing time.
- For the purposes of direct deposit, banking institutions will sometimes use difference ABA routing numbers and account numbers than what is printed on your check/deposit slip. Please contact your bank to request the correct number and account number to set up your deposit.

I hereby authorize City Colleges of Chicago (CCC) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the bank/institution named about, thereafter called Bank/Institution, to credit and/or debit to the same such account.

This authority is to remain in full force and effect until CCC has received written notification from me of its termination in such time and in such manner as to afford CCC and the Bank/Institution reasonable opportunity to act on it.

Employee Signature

Date

Please submit his completed form to the Office of Human Resources at your primary work location.