

Clinton Community College

Instructions for Direct Deposit of Net Pay Enrollment/Change/Cancellation Authorization Form

Complete the form as described below, and forward it to Human Resources. For assistance completing this form, contact Human Resources (Room 223M) 562-2138 or the Staff Accountants (Room 221M) 562-4133.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS—Employee must complete Sections A, B, and D for each new/additional account or for changes in account holders. See instructions below for Section C.

Section A: Print your name, phone number, and address. For your personal privacy, enter only the last four digits of your social security number.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the "New or Additional" column. For changes in account holders, place a check mark in the account type and in the appropriate "change" column.

- Print name of financial institution, account number and amount or percentage.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- If depositing net pay to only one account enter 100% on line 1. If depositing net pay to two accounts, enter a fixed dollar amount that is less than your net pay or a percentage less than 100% on line 1 and, and on line 2 enter the account to deposit the remainder of your net pay.

Section C: For *savings* accounts, this section **must** be completed by your financial institution(s). For *checking* accounts, this section **must** be completed by your financial institution(s) only if a voided personal check is not attached. The employee's name **must** appear on the account(s).

Section D: The Employee/Joint Account Holder Certification **must** be signed by the employee in **all** instances and on the corresponding line by any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows Clinton Community College, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent Clinton Community College from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CANCELLATION—The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or Clinton Community College. To cancel the agreement, the employee **must** complete Sections A, B, and D of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder's signature is not required. The financial institution may cancel the agreement by providing the employee and Clinton Community College with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and Clinton Community College. Clinton Community College may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

CHANGES TO MONEY OR PERCENTAGE AMOUNT—Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate "Change" column and complete "Amount or Percentage" column.

CHANGING RECEIVING FINANCIAL INSTITUTIONS—An employee may change financial institutions by completing a new enrollment form with a "change" transaction designating the newly selected financial institution. The new enrollment will cancel the enrollment at the previous financial institution.

Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments.

ADDITIONAL INFORMATION—The information on this form is required under the New York State Comptroller's Rules and Regulations (2NYCRR102). The information is confidential and is needed to process payment data from Clinton Community College and/or its agent. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer. The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments.

Clinton Community College

Direct Deposit Form

(To be used for enrollment, changes and cancellations)

SECTION A—Employee Information (Please Print)

NAME (Last, First, MI) _____ HOME PHONE # (_____) _____

HOME ADDRESS _____ LAST 4 DIGITS SOCIAL SECURITY # _____

SECTION B—Account Information: If depositing net pay to only one account enter 100% on line 1. If depositing net pay to two accounts, enter a fixed dollar amount that is less than your net pay or a percentage less than 100% on line 1 and, on line 2 enter the account to deposit the remainder of your net pay.

For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

Account Type (✓)	*New or Additional (✓)	*Change Joint Account Holder (✓)	Change Amount or Percentage (✓)	Cancel (✓)	Name of Financial Institution	Account Number	Amount or Percentage
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Excess

SECTION C—This section must be completed by your financial institution for new/additional accounts when directing funds into a savings or checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

1. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings Checking
 Depositor's Account Number (EFT Format) _____ Routing Number _____

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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2. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings Checking
 Depositor's Account Number (EFT Format) _____ Routing Number _____

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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***SECTION D—Employee/Joint Account Holders Certification:** I certify that I have read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature _____ Date _____

B-1 Joint Account Holder _____ Date _____

B-2 Joint Account Holder _____ Date _____

This form is a legal document and cannot be altered by the agency, employee or financial institution.
 If there are any changes, the employee must complete a new form.