



Direct Deposit Authorization

Mandatory

Employee Name _____ S# _____

Bank Name (City, State) _____

Routing # (if known) _____ Account # _____

Account Type: Savings Account Checking Account

Attach a VOIDED Check No Deposit Slips

ATTENTION:

Note: This information will remain in effect until you initiate a change. Be aware that if you have a break in service, a new form must be completed to ensure that your payments are sent to the correct bank and account. If a new form is not completed immediately upon re-hire, payments may be sent to an account that is no longer valid.

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account as indicated by the above information and the depositories named above, each hereinafter called depository, to credit and/or debit the same to such account(s). I understand that if the information provided is incorrect, CCA will not be responsible for incorrect deposits.

Signature

Date