



Direct Deposit Authorization Form

NEW ENROLLMENTS • CHANGES • CANCELLATIONS

- SEE POLICY ON BACK.
- TYPE OR USE BALL POINT PEN - PRINT CLEARLY
- RETURN COMPLETED FORM TO PAYROLL AT YOUR INSTITUTION

SECTION A (To be completed by employee)

1. TYPE OF ACTION: 1. <input type="checkbox"/> NEW MUST COMPLETE SECTIONS A, B, & C 2. <input type="checkbox"/> CHANGE MUST COMPLETE SECTIONS A, B, & C 3. <input type="checkbox"/> CANCEL MUST COMPLETE SECTIONS A & D	2. SOCIAL SECURITY NUMBER
	3. NAME (First Middle Last)
	4. ADDRESS (Number & Street)
	(City State Zip)
	5. SCHOOL

SECTION B (To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)

1. TYPE OF ACCOUNT – MUST BE CHECKED. If left blank, request will be processed for CHECKING account. <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
2. INDICATE AMOUNT TYPE TO BE DEPOSITED. <input type="checkbox"/> Available Balance <input type="checkbox"/> Flat Amount \$ _____ <input type="checkbox"/> Percentage _____ %	
<u>Verify Routing/Depositor Numbers with Financial Institution</u>	
3. ROUTING NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	4. ACCOUNT NUMBER
5. FINANCIAL INSTITUTION NAME	
6. FINANCIAL INSTITUTION ADDRESS (Number, Street, City, State, & Zip)	

SECTION C (To be completed by employee if this is a **NEW** request or a **CHANGE** in Section A)

A T T A C H V O I D C H E C K	I hereby authorize the Payroll Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.	
	If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Payroll Office to either: (a) Withhold a sum equal to the overpayment from future salary or wages; or (b) Recover such overpayment from the above-designated account	
	If the Payroll Office is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the Payroll Office may terminate my enrollment in the program. If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the Payroll Office assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the Payroll Office by the financial institution.	
	SIGNATURE	DATE

SECTION D (To be completed by employee if this is a request to **CANCEL** an existing Direct Deposit)

<input type="checkbox"/> I hereby CANCEL my Direct Deposit Authorization	SIGNATURE	DATE
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SECTION E (To be completed by Payroll Office only)

Date Received	Processed By	Date Entered
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DIRECT DEPOSIT POLICY

The Claremont Colleges

1. PURPOSE

The purpose of this policy is to establish the procedures an employee is to follow to have paychecks deposited directly into an account at a participating financial institution.

2. POLICY

New Requests: The electronic direct deposit program is available to all staff, including students. If an employee wishes to have net pay deposited directly into a bank account, he/she may do so by completing a Direct Deposit Authorization form. Current payroll processing and electronic deposit transmitting deadlines allow paycheck funds to be available for use on payday for monthly and all non-exempt staff.

The electronic direct deposit program is for regular payroll runs only and does not include special payroll runs. Special payments processed outside a normal payroll run will generate an actual paycheck for employees.

A net paycheck may be deposited in any financial institution that participates in the Automated Clearing House system.

The authorization form will be processed according to respective payroll and electronic deposit verification deadlines. An actual paycheck will be disbursed, as it is processed, until the electronic deposit has been activated, which could take one or more pay periods. After that date the employee will receive a *payroll advice* as his/her earnings report and acknowledgement of deposit.

Changes: If an employee changes an account number or financial institution, it is his/her responsibility to notify the payroll department by submitting a new Direct Deposit Enrollment Authorization form. **As funds must be returned by the bank before a replacement check can be issued, failure to notify the payroll department of a change may cause a delay in receiving a pay check.**

Cancellations: A Direct Deposit Authorization form is required when an employee chooses to permanently cancel his/her direct deposit.

3. PROCEDURES

Employees who choose to participate in this program will need to complete the Direct Deposit Authorization form to enroll, make changes, or permanently cancel deposits. The form, along with a voided check should be returned to:

CMC Payroll Department
528 N. Mills Ave, West
Claremont, CA 91711