

# chicago park district

## *DIRECT DEPOSIT AUTHORIZATION FORM*

### BEFORE YOU ENROLL IN DIRECT DEPOSIT:

- You must already have an account set up at your Bank or Credit Union.
- Find out if they accept direct deposits, then notify them of your intentions.
- Complete this form and return to the Finance Department of your region or directly to the Payroll Department at the Administration Building.

### PLEASE PRINT

NAME \_\_\_\_\_

REGION \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_

S.S. # \_\_\_\_\_

### FILLING OUT THIS FORM:

1. You must complete this form to add, change, or delete direct deposit information, NO verbal changes will be accepted.
2. ALL accounts are pre-noted before direct deposit goes into effect.
3. You must attach a voided check (not a deposit slip) for each account to eliminate errors and delays in processing.
4. Forms without voided checks will not be accepted.
5. If you need to close your bank account, you first must cancel direct deposit at CPD prior to closing your bank account.
6. You may have up to three direct deposit accounts.
7. Once you select your direct deposit options below, you cannot be paid by check for any portion of your pay.

<u>Institution Name</u>	<u>Routing #</u>	<u>Account #</u>	<u>Account Type</u>	<u>Deposit Type</u>	<u>Reason</u>
1. _____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Net Deposit	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
2. _____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Partial Deposit \$ _____	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
3. _____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Partial Deposit \$ _____	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change

I hereby authorize the Chicago Park District to initiate automatic deposits/and or credit entries and if necessary, debit entries and adjustments for any credit entries in error to my bank.

Signature \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_

This authorization bears my signature above and is to remain in effect until CPD has received written notification from me of its termination in such time (a period not less than five days) to afford CPD and depository a reasonable opportunity to act on it. Under penalty of perjury, I state that I understand and agree to the terms and conditions of this Direct Deposit Authorization.

Revised 10/07