



**AUTHORIZATION FOR DIRECT DEPOSIT OR PAY CARD FORM**

Employee ID \_\_\_\_\_

Email \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

New Direct Deposit     Secondary Account     Change     Stop Direct Deposit

I authorize CHICAGO BOARD OF EDUCATION, hereinafter called COMPANY, to initiate credit entries, and to initiate, if necessary debit entries and adjustments for any credit entries in error to the account indicated below, hereinafter called DEPOSITORY. This authorization is to remain in full force and effective until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**SECTION REQUIRED:** Your net pay will be distributed to the accounts listed below in the designated order (Direct Deposit Order), lowest number first.

Name of Bank, Other Financial Institute, or PAYCARD*	Bank Routing Number / ABA Number	Account Number	Checking or Savings (Check One)	Direct Deposit Order	Balance or Amount
			Checking Savings	<b>2</b>	<input type="checkbox"/> Balance <input type="checkbox"/> Amount /Percent \$ _____
			Checking Savings	<b>3</b>	<input type="checkbox"/> Balance <input type="checkbox"/> Amount /Percent \$ _____

\*To request an ADP TotalPay Debit Card, write PAY CARD as the bank name above, leave the remainder of the fields blank. To learn more about Debit Card program visit the employee portal at: [FAQ\\_TotalPayCard.pdf](https://cpsatworkprod.cps.k12.il.us/FAQ_TotalPayCard.pdf)

**OPTIONAL:**

Bank Name (Circle One)	Bank Routing Number / ABA Number	Account Number	Checking or Savings (Check One)	Direct Deposit Order	Amount
Municipal CU			Checking	<b>1</b>	\$ _____
United CU			Savings		

\*\*\*\*\* **Please attach a voided check or Financial Institution letter for each account to this form.** \*\*\*\*\*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit completed form to Payroll Services – Fax (773)553-4770 or 125 S Clark, 14<sup>th</sup> Floor, GSR 125, Chicago, Illinois or update on Employee Self Service Portal <https://cpsatworkprod.cps.k12.il.us>

- **Cancellation of Direct Deposit or Changes (Account Close or Change in Financial Institute):**  
Employees must submit all changes to Payroll Services a minimum of two weeks prior to pay date.

Payroll Use Only:  
Punch Edited by \_\_\_\_\_

Date Edited \_\_\_\_\_

AB\_V2\_2010

