



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NAME _____

I authorize the Cary Institute of Ecosystem Studies to direct deposit my regular payroll check(s) into the account(s) listed below. I have read and understand the guidelines printed below regarding direct deposit. Permission is granted to the Cary Institute of Ecosystem Studies to reverse overpayments to my account(s).

Signature: _____ Date _____

I wish to have my *entire* check deposited into my (circle one) CHECKING ACCOUNT / SAVINGS ACCOUNT

ACCOUNT # _____

TRANSIT ROUTING # (9 DIGITS) _____

I wish to have my check *split* among multiple accounts. Please deposit the fixed amount of

\$_____ into my (circle one) CHECKING ACCOUNT / SAVINGS ACCOUNT

ACCOUNT # _____

TRANSIT ROUTING # (9 DIGITS) _____

I also wish to have the fixed amount of \$_____ deposited into my:

(circle one) CHECKING ACCOUNT / SAVINGS ACCOUNT

ACCOUNT # _____

TRANSIT ROUTING # (9 DIGITS) _____

Stop direct deposit for the following account(s):

ACCOUNT # _____ TRANSIT ROUTING # _____

ACCOUNT # _____ TRANSIT ROUTING # _____

_____ **All other accounts remain the same**

GUIDELINES TO DIRECT DEPOSIT:

1. A voided check or photocopy of a blank check must be attached to this authorization form for accurate routing and account information.
2. Fixed dollar amounts or entire paychecks may be deposited through direct deposit.
3. Due to banking regulations requiring The Cary Institute to verify your bank information ten business days prior to activation, direct deposit will begin approximately two pay periods after submitting this form.
4. Changes may be made at any time, however, Guideline #3 applies to changes.
5. Direct deposits will be posted to the employee's bank account(s) by 9 AM on pay days.
6. It is the employee's responsibility to verify the status of the direct deposit each pay period.
7. Employee must notify Payroll before closing an account. Failure to do so may result in delaying funds availability.
8. The Cary Institute reserves the right to discontinue direct deposit when the employee gives notice of termination.

I understand that my direct deposit is optional and I may terminate this benefit at any time.

_____ Signature Required