



## Direct Deposit Authorization Form

NEW ENROLLMENTS • CHANGES • CANCELLATIONS

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

### SECTION A (To be completed by employee)

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

### 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 <b>CHECKING</b> account.<br><input type="checkbox"/> <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> |                   |
| Verify Routing/Depositor Numbers with Financial Institution   |                   |
| 2. ROUTING NUMBER<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                         | 3. ACCOUNT NUMBER |
| 4. FINANCIAL INSTITUTION NAME   |                   |
| 5. 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)

|  |  |
|--|--|
| <b>A<br/>T<br/>T<br/>A<br/>C<br/>H<br/><br/>V<br/>O<br/>I<br/>D<br/><br/>C<br/>H<br/>E<br/>C<br/>K</b> | <p><b>I hereby authorize</b> 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.</p> <p>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:</p> <p style="margin-left: 40px;">(a) Withhold a sum equal to the overpayment from future salary or wages; or</p> <p style="margin-left: 40px;">(b) Recover such overpayment from the above-designated account</p> <p>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.</p> |
| 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 <b>CANCEL</b> my Direct Deposit Authorization | SIGNATURE | DATE |
|---|-----------|------|

### SECTION E (To be completed by Payroll Office only)

|               |              |              |
|---------------|--------------|--------------|
| Date Received | Processed By | Date Entered |
|---------------|--------------|--------------|

# DIRECT DEPOSIT POLICY for 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 employees. 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 hourly employees.

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 or a Direct Deposit Authorization Form from your banking institution should be returned to:

Vita Nova #120  
Human Resources Office  
1030 Columbia Ave., #2019  
Claremont, CA 91711