

Community College of Rhode Island

EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION / CANCELLATION

FOR LECTURER'S EMPLOYEES ONLY

INSTRUCTIONS:

PLEASE TYPE OR PRINT IN INK. Forward form to the Payroll Office.

All information on this form must be supplied for:

- 1) a new net pay deposit authorization
- 2) a change to a different financial institution
- 3) a change in net pay deposit to a different account number at the same institution
- 4) any change in your personal status
- 5) net pay deposit cancellation

Changes for financial institutions or type of account (checking/savings) will be limited to ONCE A YEAR.

NOTES:

- 1) If a holiday takes place during the week of CCRI's payroll processing, your direct deposit may take place on the Thursday following the normal Wednesday payday.
- 2) Please contact the CCRI Payroll Office (ext. 2180) regarding any questions about Direct Deposit.
- 3) Attach a voided check (required).

A. NAME:	D. BANNER NUMBER:
B. DEPARTMENT:	E. BANK ROUTING NUMBER: _ _ _ _ / _ _ _ _ / _
C. FINANCIAL INSTITUTION:	F. EMPLOYEE'S BANK ACCOUNT NUMBER _ _ _ _ _ _ _ _ _ _
G. DEPOSIT/CHANGE/CANCEL NET PAY TO ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
H. EMPLOYEE AUTHORIZATION/CANCELLATION: I AUTHORIZE THE FOLLOWING ACTION: <u>PLEASE CHECK ONE:</u> <input type="checkbox"/> NET NEW PAY DEPOSIT <input type="checkbox"/> CHANGE NET PAY DEPOSIT <input type="checkbox"/> CANCEL NET PAY DEPOSIT	
SIGNATURE: _____ DATE: _____	