# EMPLOYEE'S AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

☐ **CPPS** - Payroll Only
☐ **COFRS** - Employee Reimbursement (Travel - etc.)
☐ **CPPS & COFRS** - Both

AGENCY __ __ __

EMPLOYEE NAME _____

WORK PHONE NO. (  ) _____ SOCIAL SECURITY NUMBER _ _ _ — _ _ — _ _ _ _

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION PHONE NUMBER (  ) _____

FINANCIAL INSTITUTION TRANSIT NUMBER _____

Account Number (From Deposit Slip or Check)

Note: Need separate forms if more than one account is needed.

ACCOUNT TYPE

☐ Savings Account
☐ Checking Account

**ATTACH VOIDED CHECK HERE**

*Payroll EFTs go through a pre-note process to ensure that the account information is correct. On the first pay day following completion of this form, the employee will receive a state warrant (check), and the system will send a test record to the financial institution to confirm that all information is correct. If no problems are discovered, the employee's pay will be electronically transferred on the second pay day.*

Additional Information

Net Pay Disbursement
☐ C=CHECK
A=ADVICE

Check/Advice Distribution
☐ D=ALPHA
H=ZIP CODE

**Agency Use Only**

*I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE ELECTRONIC FUNDS TRANSFER (EFT) DEPOSIT, AND IF NECESSARY, TO REVERSE ANY INCORRECT EFT DEPOSIT MADE IN ERROR TO MY BANK ACCOUNT INDICATED ABOVE.*

*DATE:* _____ *SIGNED:* _____

*I HEREBY CANCEL THE AUTHORITY PREVIOUSLY GIVEN TO MY EMPLOYER BY THIS WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE EMPLOYER AND THE DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.*

*DATE:* _____ *SIGNED:* _____

**WHITE** - PAYROLL ONLY - Agency Personnel/Payroll Office
EMPLOYEE REIMBURSEMENT ONLY - Agency Account: Payable Officer
**BOTH** - Make a copy and send to both

**CANARY** - Employee