

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 () _____ Account Number (From Deposit Slip or Check) _____

FINANCIAL INSTITUTION TRANSIT NUMBER _____

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

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 <input type="checkbox"/> C-CHECK <input type="checkbox"/> A-ADVICE	Check/Advice Distribution <input type="checkbox"/> D=ALPHA <input type="checkbox"/> 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: _____