

# EMPLOYEE DIRECT DEPOSIT CHANGE FORM

- Direct Deposit will not be changed without ALL of the required information.  
This includes:
  - 1) **Employee Direct Deposit Change Form** that requests the change (this form)
  - 2) **Direct Deposit Authorization Form**;
  - 3) **documentation of account information** as specified on the direct deposit form.
- Separate packets must be submitted for Payroll Direct Deposit changes and Travel/Misc Reimbursement Direct Deposit changes

<b>EMPLOYEE INFORMATION</b>	
Employee Name: _____	S.S.# _____ / _____ / _____
Assigned Center: _____	Current Position _____

<input type="checkbox"/> <b>Change Payroll Direct Deposit</b>	<input type="checkbox"/> <b>Change Travel/Misc Reimb Direct Deposit</b>
<input type="checkbox"/> Change Primary Account (full amount)	
<input type="checkbox"/> Add Secondary (specify amount) _____	
<input type="checkbox"/> Other (specify account and amount) _____	
COMMENTS	
_____	
_____	

<b>REQUIRED SIGNATURES</b>	
Employee _____	Date: _____

<b>BUSINESS OPERATIONS USE ONLY</b>		
Employee File # _____	Dept #: _____	Processor's Initials _____

## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

*This authorization form gives RCCDC the authority to deposit your pay to your account.*

1. Mark the box below for the type of account to indicate whether your pay will be deposited in a checking or savings account.
2. Fill in your name, your center and date.
3. Must include one of the following documents from your financial institution:
  - Attach a VOIDED check
  - Letter from the bank OR
  - A member card which includes routing and account # for verification of all financial institution information.
  - RELOADABLE PREPAID CARD- (example: GREEN DOT) must include a printed copy of enrollment form. (this information can be retrieved from the issuing company's website)
4. Make sure to sign the form!
5. **Incomplete packets will not be processed and will be returned to the employee to be completed. This will delay processing the requested change.**

<b>STAPLE VOIDED CHECK HERE</b>	I authorize RCCDC to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:	
	<input type="checkbox"/> checking account	<input type="checkbox"/> savings account
	This authority will remain in effect until I have cancelled it in writing.	
	_____	_____
	Date	Center
	EMPLOYEE NAME-(PLEASE PRINT)	
	EMPLOYEE SIGNATURE	
	<b>*****Be sure to attach routing and account number verification with this form*****</b>	