

# INSTRUCTIONS for Direct Deposit Authorization

The Direct Deposit Authorization form is used for employees who wish to participate in having their paycheck electronically deposited. Please follow these instructions in completing the authorization form. After completion the original authorization must be delivered to the ECSU Payroll office located in Gelsi & Young.

Effective December, 2008 the State of Connecticut allows employees to have up to two direct deposits. The State of Connecticut requires that the employee has one active direct deposit prior to signing up for a second direct deposit. All questions regarding this form or the direct deposit procedures should be directed to the ECSU Payroll office.

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## Steps to Complete form:

1. **Check** type of employee.
2. **Enter** either State of CT employee number (on paycheck) or Eastern ID number.
3. **Enter** full name.
4. **Enter** information for Account #1. (see account instructions below)
5. **Enter** information for Account #2. (see account instructions below)
6. **Sign and date** at bottom.

## Account Information instruction

- Check off appropriate box to **ADD, DELETE, CHANGE** or make **NO CHANGE** (only use if Account #1 is already active).
- Complete section for **Bank Name**
- Complete section for **Account Number**. Do not add spaces, dashes or any characters.
- Enter **Account Type**. C=Checking; S=Savings
- Enter the nine number **Trans/ABA Routing number**. This can be obtained from your bank or from your personal checks.
- Check off if you wish to have your **NET, AMOUNT \***, or **PERCENTAGE\*\***. Specify the amount or percentage if applicable.

*\*Choosing an Amount:* An amount can only be chosen to be applied to a second account when your net check is already being direct deposited. The \$\$ amount will be direct deposited to your Account #2 and the remainder of your net check deposited to Account #1. During the pre-note process your Account #1 will continue to be direct deposited.

*\*\*Choosing a Percentage:* This option can only be used if an employee wishes both bank accounts be configured as a percentage split. Enter a percentage for both accounts and the total must equal 100%. **During the pre-note process for Account #2 the direct deposit for Account #1 will be deactivated and employee will receive a live check.**

## **Pre-note Process**

*All accounts when first set up must go through the banking pre-note process. This is a process which confirms that the account information is valid. It does not confirm the employee's name on the account. Generally it will take two payroll cycles for your direct deposit to be activated due to this process. During the pre-note process you will see a small amount (<10 cents) be credited to your bank account.*

# DIRECT DEPOSIT AUTHORIZATION

Eastern Connecticut State University  
Payroll Office: 860.465.5746

### TYPE OF EMPLOYEE

FACULTY / STAFF     STUDENT

EMPLOYEE NUMBER OR EASTERN I.D. NUMBER	EMPLOYEE NAME

### ACCOUNT # 1

ADD     DELETE     CHANGE     NO CHANGE

Bank Name

Account Number

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Acct. Type  
C=Checking  
S=Savings

### ACCOUNT # 2

ADD     CHANGE     DELETE

Bank Name

Account Number

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Acct. Type  
C=Checking  
S=Savings

Trans/ABA Routing number

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Trans/ABA Routing number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NET     PERCENTAGE \_\_\_\_\_

AMOUNT \_\_\_\_\_     PERCENTAGE \_\_\_\_\_

### PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT ALL DEDUCTION MONIES OWED TO ME TO THE BANK NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK THAT FUNDS HAVE BEEN DEPOSITED TO MY ACCOUNT IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH FUNDS HAVE BEEN DRAWN FROM THAT ACCOUNT SO THAT RETURN OF THOSE FUNDS BY THE BANK TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE AMOUNT OF SAID FUNDS FROM ANY FUTURE PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE ERRONEOUS DEPOSIT HAS BEEN RECOVERED IN FULL. I FURTHER AGREE THAT IF I DO NOT IMMEDIATELY REPAY AN ERRONEOUS DEPOSIT, I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH ERRONEOUS DEPOSIT, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE AGREEMENT.**

SIGNATURE

DATE

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