DIRECT DEPOSIT AUTHORIZATION

Emailed forms need to be sent from personal Eastern email accounts.
Forms sent from other email accounts will not be processed

☐ FACULTY / STAFF   ☐ STUDENT

EMPLOYEE NUMBER	EMPLOYEE NAME

Live checks will be mailed to the address listed in CORE until new account set up is complete

Changes made to existing direct deposit accounts may result in a live check mailed to the address listed in CORE

ACCOUNT # 1

☐ ADD   ☐ DELETE   ☐ CHANGE   ☐ NO CHANGE

Bank Name

Account Number   **Acct. Type C=Checking S=Savings**

Trans/ABA Routing number

☐ NET   ☐ PERCENTAGE _____

ACCOUNT # 2

☐ ADD   ☐ DELETE   ☐ CHANGE

Bank Name

Account Number   **Acct. Type C=Checking S=Savings**

Trans/ABA Routing number

☐ 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