



Direct Deposit Action Instructions

Please Read Carefully and Follow Instructions

The City College of San Francisco (CCSF) Direct Deposit Authorization (DDA) form will start, change or discontinue deposits for all payments received from CCSF Payroll Services. Employees have the option to deposit earnings in up to three accounts at up to three financial institutions.

Name: Please be sure that the name used on the DDA form matches the name on your financial institution(s)' account and the name on your Social Security card. Many financial institutions will not post funds if the name on the account does not match the name on the direct deposit file submitted by CCSF. CCSF must use the legal name on the employee's Social Security card for W-4 and Direct Deposit records. To change the legal name on a CCSF employment file, a copy of the new Social Security card and an updated W-4 form must be submitted to CCSF Payroll Services.

Direct Deposit Action Requested:

1. Check **Start** to begin direct deposit for the first time.
2. Check **Change** if direct deposit is established and an addition or change of financial institution(s) and/or account(s) is desired.
3. Check **Discontinue** to stop direct deposit.

Account Number(s): Please make sure the account number(s) written on this form are correct. If you are unsure, PLEASE CONTACT THE APPLICABLE FINANCIAL INSTITUTION.

Transit Routing Number(s): This is the nine-digit number that identifies the financial institution (bank, savings and loan or credit union). It is found in the bottom left hand corner of personal checks for Direct Deposit(s) into checking accounts. Savings account transit routing numbers should be verified with the financial institution(s) because the banking codes are not correct on deposit slips. If the transit routing number(s) are incorrect, funds will not be posted to account(s). If you are unsure, PLEASE CONTACT THE APPLICABLE FINANCIAL INSTITUTION.

Enroll in Direct Deposit Today!

Fill out the interactive Direct Deposit form below and return it to CCSF Payroll Services, or call 415/452-7740 for more information.

The following shows where to find the routing and account numbers on your check:

⑆123456789⑆ 0000005555555555101 ⑈



In this example, the transit routing number is 123456789 and the account number is 0000005555555555.

Revised 4/14/2004



Direct Deposit Action Form

INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR VERIFICATION.

FOR

SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). **FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT.**

PLEASE ATTACH A COPY OF PICTURE ID.

Employee ID		Campus Phone #	
Last Name		First Name	M.I.
Address (Number, Street)			
City		State	Zip Code
Action Requested (Check Only One)	Start	Change	Discontinue
DIRECT DEPOSIT #1			
If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing 2 or 3 additional banking options, provide banking information and enter the partial amount.			
Name of Financial Institution _____		Account Type:	Checking Savings
Bank phone number _____	Partial Amount \$ _____	Full Deposit	Cancel
Transit Routing Number _____		Account Number _____	
DIRECT DEPOSIT #2			
If choosing 2 banking options, provide banking information and check "Balance" box. If choosing 3 banking options, provide banking information and enter the partial amount.			
Name of Financial Institution _____		Account Type:	Checking Savings
Bank phone number _____	Partial Amount \$ _____	Balance	Cancel
Transit Routing Number _____		Account Number _____	
DIRECT DEPOSIT #3			
If choosing 3 banking options, provide banking information and check "Balance" box.			
Name of Financial Institution _____		Account Type:	Checking Savings
Bank phone number _____		Balance	
Transit Routing Number _____		Account Number _____	
AGREEMENT			
By signing below, I hereby authorize the City College of San Francisco (CCSF) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institution(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by: (a) me in writing with sufficient notice to CCSF to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial institution(s), (d) CCSF. Special Note: Please make sure Direct Deposit(s) are changed and in effect before closing your account(s). Otherwise, the funds will be returned to CCSF and cause a 7-10 day delay before a replacement payment can be issued.			
Employee signature _____		Date _____	