



(Please Check One)

- New Participant
- Change to Existing Direct Deposit
- Cancel

Direct Deposit Payroll Program

City of Chicago
 City Comptroller's Office
 33 N. LaSalle St., Room 700
 Chicago, IL 60602
 312-744-3121

The City of Chicago announces the Direct Deposit Payroll Program for our employees.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method of depositing your funds.

With Automated Payment, you can eliminate the hassle of mail delays and late deposits. Direct Deposit Payroll offers you:

- Assurance of Timely Payments
- Convenient Payment Method
- Simple and Easy Sign-up

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- Employees choosing the Direct Deposit Payroll plan ensure the necessary funds are available for use.
 - Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds availability.
 - Direct Deposit Payroll plan gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.
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[Attach Voided Check Here]



Instructions: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I authorize The City of Chicago hereafter called "The City," to initiate credit entries to my checking account indicated below and the institution named below, hereinafter called "Institution," to deposit to the same such account.

I further authorize "The City" to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until "The City" and "Institution" have received written notification from me of its termination in such time and in such manner as to afford "The City" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Employee Name _____ Employee Social Security #

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Address _____ Employee Number

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City, State, Zip _____ Dept. Name _____ Payroll Number

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Home Phone Number _____ Bank Name Chicago Municipal Employees Credit Union

Work Phone Number _____ Bank Routing #

2	7	1	0	7	8	0	9	4
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 Checking Savings

Signature/Date _____ Bank Account #

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Direct Deposit Enrollment / Agreement Form For Payroll

Please select one:

New Enrollment Changes to current enrollment Stop enrollment

PART I: PERSONAL DATA

Name: _____

College Location: _____

Social Security Number: _____

Employee ID: _____

Home Phone: _____

Work Phone: _____

PART II: ACCOUNT INFORMATION

Please complete all account and bank information below for new enrollment or change to your current enrollment

Type of Account: (Select one)

Checking Savings

Bank/Institution Name: Chicago Municipal Employees Credit Union

Address: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA No: 271078094 Account No: _____

Please Note:

- You **MUST** attach a voided check(s) or a copy of a check(s) and allow 4-6 weeks for normal processing time.
- For the purposes of direct deposit, banking institutions will sometimes use different ABA routing numbers and account numbers than what is printed on your check/deposit slip. Please contact your bank to request the correct number and account number to set up your direct deposit.

I hereby authorize City Colleges of Chicago (CCC), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the bank/institution named about, hereinafter called Bank/Institution, to credit and/or debit to the same such account.

This authority is to remain in full force and effect until CCC has received written notification from me of its termination in such time and in such manner as to afford CCC and the Bank/Institution reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

Please submit this completed form to Payroll at your primary work location.



DIRECT DEPOSIT AUTHORIZATION FORM

BEFORE YOU ENROLL IN DIRECT DEPOSIT:

- You must already have an account set up at your Bank or Credit Union.
- Find out if they accept direct deposits, then notify them of your intentions.
- Complete this form and return to the Finance Department of your region or directly to the Payroll Department at the Administration Building.

PLEASE PRINT

NAME _____

REGION _____

EMPLOYEE NO. _____

S.S. # _____

ILLING OUT THIS FORM:

1. You must complete this form to add, change, or delete direct deposit information, NO verbal changes will be accepted.
2. ALL accounts are pre-noted before direct deposit goes into effect.
3. You must attach a voided check (not a deposit slip) for each account to eliminate errors and delays in processing.
4. Forms without voided checks will not be accepted.
5. If you need to close your bank account, you first must cancel direct deposit at CPD prior to closing your bank account.
6. You may have up to three direct deposit accounts.
7. Once you select your direct deposit options below, you cannot be paid by check for any portion of your pay.

<u>Institution Name</u>	<u>Routing #</u>	<u>Account #</u>	<u>Account Type</u>	<u>Deposit Type</u>	<u>Reason</u>
Chicago Municipal Employees Credit Union	271078094	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Net Deposit	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
_____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Partial Deposit \$ _____	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
_____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="radio"/> Partial Deposit \$ _____	<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change

I hereby authorize the Chicago Park District to initiate automatic deposits/and or credit entries and if necessary, debit entries and adjustments for my credit entries in error to my bank.

Signature _____ Work Phone _____ Date _____

This authorization bears my signature above and is to remain in effect until CPD has received written notification from me of its termination in writing (a period not less than five days) to afford CPD and depository a reasonable opportunity to act on it. Under penalty of perjury, I state that I understand and agree to the terms and conditions of this Direct Deposit Authorization.