

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

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

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

REQUIRED SIGNATURES	
Employee _____	Date: _____

BUSINESS OPERATIONS USE ONLY		
Employee File # _____	Dept #: _____	Processor's Initials _____

TRAVEL 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.**

I authorize RCCDC to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

checking account savings account

This authority will remain in effect until I have cancelled it in writing.

Date

Center

EMPLOYEE NAME-(PLEASE PRINT)

EMPLOYEE SIGNATURE

*******Be sure to attach routing and account number verification with this form*******

STAPLE VOIDED
CHECK HERE