

DIRECT DEPOSIT FORM *RETURN TO PAYROLL*

Effective May 1, 2000, the State of Colorado Fiscal Rules (Rule 9-2) **require** that all employees be on the Direct Deposit Payroll Program.

Please note: It is important that you fill out as much information as possible to prevent delays with your pay. *Please complete and return this form along with one (1) voided check or a copy of a Direct Deposit Authorization Form from your bank to the PAYROLL DEPT.*

*****Please notify Payroll Services immediately, should you close or make any changes to your account(s). Direct deposit(s) processed against a closed account can delay your pay up to 5 business days.*****

Enroll in Direct Deposit* **Replace Current Account*** **Additional Checking/Savings***
*Voided check or Bank Authorization form **REQUIRED**

CANCEL existing Direct Deposit (Close Account)

Name: _____ CWID #: _____

Primary Account: [For remaining bal. if choose secondary account]

Savings: Routing No _____
Checking: Account No: _____
Bank Name: _____ Bank Phone No. _____
(if known)

Secondary Account: [Amount Specified]

Savings: Routing No _____
Checking: Account No: _____
Specific \$ Amount: _____
Bank Name: _____ Bank Phone No. _____
(if known)

CSM Department: _____ CSM Extension or Contact No.: _____

(Check one)

Undergraduate Graduate Classified Temp. Classified Faculty Other

Signature: _____ **Date:** _____

