



Employee Direct Deposit Form

General Instructions: (1) Fill out form completely and sign (2) Return to Human Resources before the 10th of the month for same month deposits. If you want to deposit into a checking or savings account, have your bank provide you with the account number, routing number and transit number. (*Often times direct deposit information can be different than what is listed on you checks or deposit slips*).

Important! Employees please read and sign the following before you complete and submit you account information.

The undersigned hereby authorizes Cosumnes CSD, hereinafter called EMPLOYER, to deposit any sums Employer owes to me into the bank or other financial institution accounts identified below. If any deposit is made to my account in error by the Employer, Financial Institution is authorized to return the erroneous payment to Employer and debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Print Name: _____

Employee Signature: _____ Date: _____

Employee Account Information.

Add New Account
 Change Dollar Amount
 Inactivate Account

1. Bank Name, City & State: _____

Routing & Transit #: _____ Account #: _____

Checking
 Savings
 Please Deposit \$ _____ or
 Remaining Net Pay

Employee Account Information.

Add New Account
 Change Dollar Amount
 Inactivate Account

2. Bank Name, City & State: _____

Routing & Transit #: _____ Account #: _____

Checking
 Savings
 Please Deposit \$ _____ or
 Remaining Net Pay

Employee Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets*).

Add New Account
 Change Dollar Amount
 Inactivate Account

3. Bank Name, City & State: _____

Routing & Transit #: _____ Account #: _____

Checking
 Savings
 Please Deposit \$ _____ or
 Remaining Net Pay