



# PAYROLL DIRECT DEPOSIT AUTHORIZATION

- New to direct deposit program
- Add/Change/Delete existing direct deposits
- Stop all direct deposit effective: \_\_\_\_\_

<b>EMPLOYEE NAME</b> [last, first, middle initial]:		<b>EMPLOYEE NUMBER:</b>	<b>DIVISION, DEPT. &amp; WORK PHONE:</b>	
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<b>1) Action</b>	<b>Bank Routing Number*</b> (9 digits)	<b>Account Number*</b> (up to 17 characters)	<b>Deposit Type</b>	<b>Account Type*</b>
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change/Existing <input type="checkbox"/> Change			<input type="checkbox"/> Amount \$_____ or <input type="checkbox"/> Percent %_____ or <input type="checkbox"/> Balance	<input type="checkbox"/> Checking or  <input type="checkbox"/> Savings
Effective Date:	Financial Institution [name, city, state]:		Bank Phone:	

  

<b>2) Action</b>	<b>Bank Routing Number*</b> (9 digits)	<b>Account Number*</b> (up to 17 characters)	<b>Deposit Type</b>	<b>Account Type*</b>
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change/Existing <input type="checkbox"/> Change			<input type="checkbox"/> Amount \$_____ or <input type="checkbox"/> Percent %_____ or <input type="checkbox"/> Balance	<input type="checkbox"/> Checking or  <input type="checkbox"/> Savings
Effective Date:	Financial Institution [name, city, state]:		Bank Phone:	

  

<b>3) Action</b>	<b>Bank Routing Number*</b> (9 digits)	<b>Account Number*</b> (up to 17 characters)	<b>Deposit Type</b>	<b>Account Type*</b>
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change/Existing <input type="checkbox"/> Change			<input type="checkbox"/> Amount \$_____ or <input type="checkbox"/> Percent %_____ or <input type="checkbox"/> Balance	<input type="checkbox"/> Checking or  <input type="checkbox"/> Savings
Effective Date:	Financial Institution [name, city, state]:		Bank Phone:	

\*IF YOU SELECTED **CHECKING** ACCOUNT, ATTACH A **VOIDED CHECK** TO THIS FORM. IF YOU SELECTED **SAVINGS** ACCOUNT, ATTACH A **DEPOSIT SLIP** TO THIS FORM. (NOTE: DO NOT ATTACH THE DEPOSIT SLIP IF IT DOES NOT HAVE PRE-PRINTED BANK AND ACCOUNT NUMBERS.)

**\*Adding a new direct deposit or changing account type, bank routing number or account number requires a prenote to be sent to the bank before the add or change becomes effective. A prenote sends your account type, bank routing and account number to the bank to assure the accuracy of numbers. Changes should be effective by next payroll.**

I authorize the direct deposit of my designated funds to be sent to the financial routing as indicated above. Direct deposit to this account(s) for an amount not to exceed the original amount of the credit. **I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.**

<b>Employee Signature:</b>	<b>Date:</b>
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### Payroll Direct Deposit Authorization Form Instructions

**Boxes in the Upper Right-Hand Corner of Form:** Check the applicable box. To stop all direct deposits, check the stop box and sign and date the form.

**Bank Routing Number and Account Number:** If you are not sure what these numbers are, contact your financial institution. Credit unions may not have the correct bank routing number and account number needed for direct deposit printed on their checks. If applying for direct deposit to a credit union, contact the credit union for the numbers and for the type of account to select.

**Deposit Type:** Select amount, balance or percent. Fill in the amount or percent (%). There must be one distribution with balance selected, or a distribution of 100%.

**Account Type:** If you have accounts other than checking or savings (such as a loan), ask your financial institution which type of account to select.

**Percent of Net Pay or Dollar Amount:** Each direct deposit must have either a percent of net pay or a dollar amount, except for Deposit Type-Balance.

**Effective Date:** After receipt of your direct deposit change or addition, the information will be entered during the next payroll cycle. The payroll software prenotes your account information with your financial institution and creates a payroll check and a zero direct deposit. This gives your financial institution a chance to verify your information before we transfer any funds. The next payroll cycle your net pay will be directly deposited. The financial institution must post the deposit on the issue date, but may do so anytime on that day. Even if the financial institution posts it early in the day, a few automatic teller machines (ATMs) may not register the deposit until the next day. Ask your financial institution when the deposit will be available. If you have a problem with a deposit on the check's issue date (for example, the ATM does not reflect the deposit), ask the direct deposit representative at your financial institution when the deposit will be posted.

#### **Direct Deposit Distribution Examples:**

##### **Example 1: 75% of net pay to checking, 25% of net pay to savings.**

- If net pay is \$500.00, the checking deposit will be \$375.00 and the savings deposit will be \$125.00.

##### **Example 2: \$300.00 to checking, Balance to savings.**

- If net pay is \$500.00, the checking deposit will be \$300.00 and the savings deposit will be \$200.00.
- If net pay is \$100.00, the checking deposit will be \$100.00 and there will be no savings deposit.

**Notice:** All data on this form is private data, except for employee name, employee ID number, division, department, and work phone. The private data is not legally required; however, by not providing it, your direct deposit transaction will not be assured of going to the correct financial institution, to the correct account or that the correct amount will be posted accurately. The private data listed on this form is available to representatives of your agency and employees who perform personnel or payroll related functions, provided such individuals have a business reason to access the data. Others who may legally access this information are representatives of the Attorney General and Legislative Auditor, enforcement agencies with statutory authority and persons/entities authorized by law or court order.

Weekly

Bi-weekly



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Effective Date:	Financial Institution [name, city , state]:	Bank Phone:
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Effective Date:	Financial Institution [name, city , state]:	Bank Phone:
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Effective Date:	Financial Institution [name, city , state]:	Bank Phone:
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<b>Employee Signature:</b>	<b>Date:</b>
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# ACH Transfer Authorization

This authorization may be revoked at any time without penalty.

Date: \_\_\_\_\_

Taken By \_\_\_\_\_

<p><b>New Direct Deposit to OTCU</b></p> <p><small>(Must send direct deposit form to employer)</small></p> <p>Net Check      Fixed \$ Amt      %</p>	<p><b>Internal Distribution Changes Only</b></p>	<p><b>Change Lump Sum Deposit Amount +/-</b></p> <p><small>(Must send direct deposit form to employer)</small></p> <p><b>\$</b></p>
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Account # \_\_\_\_\_

Anticipated starting date of deposit is \_\_\_\_\_.

Weekly      Bi-weekly

Name: \_\_\_\_\_ (print)

I have authorized \_\_\_\_\_ to electronically deposit funds to Oshkosh Truck Credit Union.  
(Print name of company or financial institution that is sending the funds.)

Distribution of Funds	
\$ Amount	Acct # & Suffix
Net Deposit to:	Checking Or Savings
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
<b>Total Distributions:</b>	<b>\$</b>

I understand that deposits are made first to the checking account or savings account, whichever is designated as the direct deposit account. Transfers will then be made from that account as indicated on this authorization form unless the transfer amount requested exceeds the deposit amount. If there are not sufficient funds to complete the transfer, a partial transfer will be made with whatever funds are available. If no funds are available, then no transfer will be made.

**ACH electronic transfers for loan payments, checking accounts, or savings accounts are authorized until revoked, notwithstanding declaration of bankruptcy.**

I wish to continue making my loan payments by ACH electronic transfer until such time as I decide to terminate it, even in the event of bankruptcy. If I fail to so terminate my ACH transfers, I request that payments continue to be made voluntarily to the loan in accordance with my pre-bankruptcy instructions.

\_\_\_\_\_      \_\_\_\_\_  
(Signature of Member)      Date

\_\_\_\_\_       Entered on system  
( Acct #)      \_\_\_\_\_ Employee Initials

Weekly

Bi-weekly



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\_\_\_\_\_ (Acct #)



Entered on system

\_\_\_\_\_ Employee Initials