



## 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.