

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name:		Job Location:							
Badge Number:	Social Securi	ity Number:	Area:						
		ereinafter called "company" to ljustments for any credit entri	o initiate automatic deposits, and/or es in error to my:						
		g or □ Savings accour sent to either a checking or s							
bank with your c			CK, or an official form from your ig number must accompany this						
All changes mus receive a regular	t be in writing. Changes ma	ade by you or your bank will s	ent will not accept verbal changes. stop Direct Deposit and you will period it will be automatically						
If you need to clo	ose your bank account, you	must cancel direct deposit at	the Chicago Transit Authority FIRST.						
Tax Levies will au	utomatically cancel your Dire	ect Deposit Authorization.							
Please answer the follo	wing questions:								
Do you have Direct	Deposit now? Yes	No							
I would like to:	Start Direct Deposit	Change my Direct Deposit	Cancel my Direct Deposit on Account No						
			(Optional)						
Choose one type of	account for Direct Deposit:	Checking or	_ Savings						
			company has received written notification easonable opportunity to act on it.						
ignature: Date:									
Please return complet	ed form to the Payroll De	partment.							
FOR PAYROLL USE O									
Enter:	Change:	Cancel:	Re-Enter:						

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CTA DIRECT DEPOSIT SIGN UP FORM

DIRECTIONS:

To use this form to sign up for direct deposit fill in the information requested in section 1. Then have section 2 of this form filled out by your financial institution. Return the completed form to the CTA payroll department.

SECTION 1 (To be complete	ed by employee)														
Name of Employee		Ва	idge	No.												
Address of Employee		Social Security No.														
					_			Τ	_							
											<u> </u>					
I authorize my payroll check to be	sent to the financi	al ir	nstitu	tion	nan	ned	belo	ЭW	/ to	be	dep	osite	ed to	the c	desi	gnated acco
Signature														Date)	
SECTION 2 (To be complete	ed by a represe	ntat	tive	of y	oui/	r Fi	nar	nc	ial	Ins	stitu	tion).			
Name and Address of Financial I	nstitution	Ro	outing	g Nu	ımbe	er		_				,				
		0														
			Type of Account: Checking Savings													
			Depositors Account Number													
			İ					Τ								
		СТ	A will	place	: 0's i	n fro	nt of	ac	cou	nt nı	ımbe	r to c	ompe	nsate	tor a	total of 13 digits
	FINANCIAL INS	STI.	TUT	TIOI	и С	FR	TIF	:10	.Δ.	TIC	N					
		<u>,</u>	<u></u>		• •	<u>— : \</u>			<i>-</i> / \		<u> </u>					
I confirm the type of account correct.	t and account n	um	ber	pro	vide	ed a	abo)V(e f	or (our <i>i</i>	Acc	our	it Ho	lde	r to be
Representative's Name (Print or Type)	Signature of Representative					Telephone No.						Date				

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