



(Please Check One)

- New Participant  
 Change to Existing Direct Deposit  
 Cancel

## Direct Deposit Payroll Program

City of Chicago

City Comptroller's Office  
33 N. LaSalle St., Room 700  
Chicago, IL 60602  
312-744-3121

The City of Chicago announces the Direct Deposit Payroll Program for our employees.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method of depositing your funds.

With Automated Payment, you can eliminate the hassle of mail delays and late deposits. Direct Deposit Payroll offers you:

- Assurance of Timely Payments  
 Convenient Payment Method  
 Simple and Easy Sign-up

- Employees choosing the Direct Deposit Payroll plan ensure the necessary funds are available for use.  
 Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds availability.  
 Direct Deposit Payroll plan gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.

[Attach Voided Check Here]



**Instructions: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.**

I authorize The City of Chicago hereafter called "The City," to initiate credit entries to my checking account indicated below and the institution named below, hereinafter called "Institution," to deposit to the same such account.

I further authorize "The City" to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until "The City" and "Institution" have received written notification from me of its termination in such time and in such manner as to afford "The City" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Employee Name \_\_\_\_\_

Employee Social Security #    -   -

Address \_\_\_\_\_

Employee Number

City, State, Zip \_\_\_\_\_

Dept. Name \_\_\_\_\_ Payroll Number

Home Phone Number \_\_\_\_\_

Bank Name Chicago Municipal Employees Credit Union

Work Phone Number \_\_\_\_\_

Bank Routing #  2  7  1  0  7  8  0  9  4 Checking  Savings

Signature/Date \_\_\_\_\_

Bank Account #

# Chicago Municipal Employees

Credit Union

18 S. Michigan Ave. - Suite 1000 • Chicago, IL 60603-3209  
(312)236-2326 • (312)236-1147 • www.cmecuonline.org

## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

### EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

#### Initial Authorization

#### Change in Authorization

Member No.:

Member: \_\_\_\_\_

Employer: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Payroll No.: \_\_\_\_\_

I hereby authorize my employer to deduct from my salary the amounts indicated on this authorization and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization. I grant the credit union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ \_\_\_\_\_ Payroll Period: Weekly Monthly  
Biweekly Semi-Monthly

Credit Union R/T No.: \_\_\_\_\_

Deposit To: Savings Checking

X

Signature

Effective Date

### CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the credit union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or	_____ %
Share/Savings	# _____	\$ _____	or	_____ %
Money Market	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
IRA	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
		TOTAL \$ _____	TOTAL	_____ %



## 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 above, 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.

# CHANGE

## CHICAGO HOUSING AUTHORITY

For Payroll Use Only:

Processor: \_\_\_\_\_

Pre-Note Date: \_\_\_\_\_

### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Before completing this form, please read the instructions on the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Return the form to the Payroll Department.

Last Name

First Name

Social Security Number

Check Number

Work Phone

Action

Effective Date

New     Change     Cancel

/    /  
Month Day Year

#### Account 1

Name of Financial Institution

Chicago Municipal Employees Credit Union

Account Number (Include dashes but omit spaces and special symbols)

Amount

\$

Routing Transaction Number (All 9 boxes must be filled)  
271078094

Account Ownership:  
 Self     Joint     Other

Type of Account:  
 Checking     Savings

#### Account 2

Name of Financial Institution

XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX

Account Number (Include dashes but omit spaces and special symbols)  
XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX

Amount

\$XXXX.XX

Routing Transaction Number (All 9 boxes must be filled)  
XXXXXXXXXXXXXX

Account Ownership:  
 Self     Joint     Other

Type of Account:  
 Checking     Savings

#### Account 3

Name of Financial Institution

XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX

Account Number (Include dashes but omit spaces and special symbols)  
XXXXXXXXXXXXXX-XXXXXXXXXXXXXX-XXXXXXXXXXXXXX

Amount

\$XXXX.XX

Routing Transaction Number (All 9 boxes must be filled)  
XXXXXXXXXXXXXX

Account Ownership:  
 Self     Joint     Other

Type of Account:  
 Checking     Savings

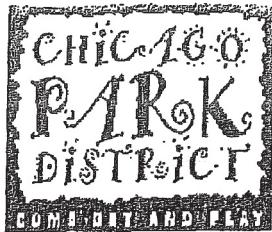
I hereby authorize the Chicago Housing Authority (hereinafter called "CHA") to initiate automatic deposits and/or credit entries and if necessary, debit entries and adjustments for any credit entries in error to my above listed account number(s).

I understand that it will be my responsibility to verify that I have received a Deposit Advice form before assuming my pay has been deposited to my account. If at any time I submit new authorization requesting a change in Depository, I further understand that there will be an interruption in my direct deposit and that I will receive at least one paycheck in the pre-note interim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### DIRECT DEPOSIT AUTHORIZATION FORM

#### BEFOR YOU ENROLL IN DIRECT DEPOSIT:

- You must already have an account set up at your Bank or Credit Union.
- Find out if they accept direct deposits, then notify them of your intentions.
- Complete this form and return to the Finance Department of your region or directly to the Payroll Department at the Administration Building.

LEASE PRINT

AME \_\_\_\_\_

REGION \_\_\_\_\_

MPLOYEE NO. \_\_\_\_\_

S.S. # \_\_\_\_\_

#### LLING OUT THIS FORM:

1. You must complete this form to add, change, or delete direct deposit information, NO verbal changes will be accepted.
2. ALL accounts are pre-noted before direct deposit goes into effect.
3. You must attach a voided check (not a deposit slip) for each account to eliminate errors and delays in processing.
4. Forms without voided checks will not be accepted.
5. If you need to close your bank account, you first must cancel direct deposit at CPD prior to closing your bank account.
6. You may have up to three direct deposit accounts.
7. Once you select your direct deposit options below, you cannot be paid by check for any portion of your pay.

Institution Name	Routing #	Account #	Account Type	Deposit Type	Reason
Chicago Municipal Employees Credit Union	271078094		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Deposit	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Partial Deposit \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Partial Deposit \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change

I hereby authorize the Chicago Park District to initiate automatic deposits/and or credit entries and if necessary, debit entries and adjustments to my credit entries in error to my bank.

Signature \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_

This authorization bears my signature above and is to remain in effect until CPD has received written notification from me of its termination in sufficient time (a period not less than five days) to afford CPD and depositary a reasonable opportunity to act on it. Under penalty of perjury, I state that I understand and agree to the terms and conditions of this Direct Deposit Authorization.