



# Direct Deposit Action Instructions

Please Read Carefully and Follow Instructions

**The City College of San Francisco (CCSF) Direct Deposit Authorization (DDA) form will start, change or discontinue deposits for all payments received from CCSF Payroll Services. Employees have the option to deposit earnings in up to three accounts at up to three financial institutions.**

**Name:** Please be sure that the name used on the DDA form matches the name on your financial institution(s)' account and the name on your Social Security card. Many financial institutions will not post funds if the name on the account does not match the name on the direct deposit file submitted by CCSF. CCSF must use the legal name on the employee's Social Security card for W-4 and Direct Deposit records. To change the legal name on a CCSF employment file, a copy of the new Social Security card and an updated W-4 form must be submitted to CCSF Payroll Services.

**Direct Deposit Action Requested:**

1. Check **Start** to begin direct deposit for the first time.
2. Check **Change** if direct deposit is established and an addition or change of financial institution(s) and/or account(s) is desired.
3. Check **Discontinue** to stop direct deposit.

**Account Number(s):** Please make sure the account number(s) written on this form are correct. If you are unsure, PLEASE CONTACT THE APPLICABLE FINANCIAL INSTITUTION.

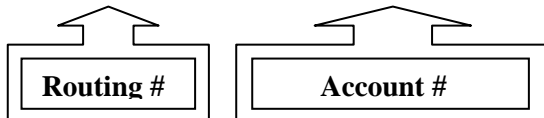
**Transit Routing Number(s):** This is the nine-digit number that identifies the financial institution (bank, savings and loan or credit union). It is found in the bottom left hand corner of personal checks for Direct Deposit(s) into checking accounts. Savings account transit routing numbers should be verified with the financial institution(s) because the banking codes are not correct on deposit slips. If the transit routing number(s) are incorrect, funds will not be posted to account(s). If you are unsure, PLEASE CONTACT THE APPLICABLE FINANCIAL INSTITUTION.

## Enroll in Direct Deposit Today!

Fill out the interactive Direct Deposit form below and return it to CCSF Payroll Services, or call 415/487-2457 for more information.

The following shows where to find the routing and account numbers on your check:

⑆123456789⑆ 00000055555555⑆ 101



In this example, the transit routing number is 123456789 and the account number is 00000055555555.

Revised 4/14//2004



# Direct Deposit Action Form

**INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR VERIFICATION.**  
**FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT.**

Employee ID _____		Campus Phone # _____	
Last Name _____		First Name _____	M.I. _____
Address (Number, Street) _____			
City _____		State _____	Zip Code _____
Action Requested (Check Only One)	Start	Change	Discontinue
<b>DIRECT DEPOSIT #1</b>			
If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing 2 or 3 additional banking options, provide banking information and enter the partial amount.			
Name of Financial Institution _____		Account Type:	Checking    Savings
Bank phone number _____		Partial Amount \$ _____	Full Deposit
Transit Routing Number _____		Account Number _____	
<b>DIRECT DEPOSIT #2</b>			
If choosing 2 banking options, provide banking information and check "Balance" box. If choosing 3 banking options, provide banking information and enter the partial amount.			
Name of Financial Institution _____		Account Type:	Checking    Savings
Bank phone number _____		Partial Amount \$ _____	Balance
Transit Routing Number _____		Account Number _____	
<b>DIRECT DEPOSIT #3</b>			
If choosing 3 banking options, provide banking information and check "Balance" box.			
Name of Financial Institution _____		Account Type:	Checking    Savings
Bank phone number _____		Balance	
Transit Routing Number _____		Account Number _____	
<b>AGREEMENT</b>			
By signing below, I hereby authorize the City College of San Francisco (CCSF) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institution(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by: (a) me in writing with sufficient notice to CCSF to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial institution(s), (d) CCSF. <b>Special Note:</b> Please make sure Direct Deposit(s) are changed and in effect before closing your account(s). Otherwise, the funds will be returned to CCSF and cause a 7-10 day delay before a replacement payment can be issued.			
Employee signature _____		Date _____	