ADDITIONAL DIRECT DEPOSIT ACCOUNT AUTHORIZATION AND INPUT FORM

Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050-4010

INSTRUCTIONS: Please read carefully prior to completing this application. For processing State Employee Net Pay associated with State Employment…

Type of Action (Please Check One)

☐ New ☐ Change ☐ Cancel

ACCOUNT #2

EMPLOYEE INFORMATION

EMPLOYEE NUMBER

EMPLOYEE NAME

DIRECT DEPOSIT ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME

Additional Account Requirements:
Employee must have one existing account that has successfully completed the pre-note process in order to add an additional account. New employees or employees who are signing up for direct deposit for the first time are not permitted to sign-up for an additional account until Account #1 has successfully completed the pre-note process.

ACCOUNT NUMBER

ROUTING TRANSIT NUMBER **ACCT TYPE**

C = Checking
S = Savings

☐ Flat Amount Option for Account #2 $_____.
Please note that the remainder of Net Pay will be deposited into Account #1 under the Flat Amount Option

☐ Percentage Split Option for Account #1 and Account #2 must be equal to 100% (e.g. 50% Account #1 and 50% Account #2, 40% Account #1 and 60% Account #2, etc.)

_____% Percentage of Net Pay to be deposited into Account #1

_____% Percentage of Net Pay to be deposited into Account #2

Payroll Office Use Only

Pay Period: _____

Check Date: _____

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT MY NET SALARY TO THE BANK ACCOUNT NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK(S) NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK(S) THAT FUNDS WHICH I DID NOT EARN HAVE BEEN DEPOSITED TO MY ACCOUNT(S) IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK(S) TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH INEARNED FUNDS HAVE BEEN DRAWN FROM THE ACCOUNT(S) SO THAT RETURN OF THOSE FUNDS BY THE BANK(S) TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE RECOVERED IN FULL. IN THE EVENT MY EMPLOYMENT WITH THE STATE IS TERMINATED FOR ANY REASON WHATSOEVER, AND IF AT THE TIME OF SUCH TERMINATION I HAVE HAD UNEARNED PAY AUTOMATICALLY DEPOSITED IN MY CHECKING/SAVINGS ACCOUNT(S), I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH UNEARNED PAY, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE AGREEMENT.

SIGNATURE	DATE