



Direct Deposit and ACH Payment Enrollment Form

See Page 2 for Terms and Conditions.

Type of Action (Please Check One)

New Change Cancel

Retain a copy of this agreement for your records.

INDIVIDUAL/COMPANY INFORMATION

Individual
 I am currently a State employee
SSN# or Banner I. D. _____
Name: _____
Address: _____
Street
City, State and Zip Code
Phone : () _____

Company
FEIN# _____
(Federal Employee Identification Number)
Organization: _____
Address: _____
Street
City, State and Zip Code
Name: _____
Title: _____
Phone : () _____

Payroll Office Use Only

Pay Period: _____
Employee No. _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Bank Account Number: _____
Nine-Digit Bank Routing Number:
Type of Account : Savings Checking

NOTIFICATION METHOD - FOR NON-PAYROLL CHECKS

Preferred Notification is via e-mail.
(Primary) E Mail Address: _____
(Secondary) Fax No.: _____

I have read, understand and agree to the *Terms and Conditions* on page 2.

Signature: _____ Date: _____

If you have any questions concerning ACH transactions, please contact:

Non-payroll: Purchasing at 860.832.2530 Payroll at 860.832.2520

For Business Office Use Only (Initial and Date Receipt of Form)
Payroll _____ Purchasing _____

TERMS AND CONDITIONS

Submission of the Direct Deposit and ACH Payment Enrollment Form authorizes Central Connecticut State University to electronically deposit payments through the Federal Automated Clearing House (ACH) to the bank listed on page one pertaining to payroll checks, travel, refunds, refunds (including Title IV) and vendor (company or individual), whichever is applicable.

Non Payroll ACH:

This authorization is to remain in full force and effect until vendor (company or individual) provides advance written notice of termination or in such a time and manner to afford the State and the bank named on page one a reasonable opportunity to act on it. It is the sole responsibility of the vendor (company or individual) to stop such transactions. CCSU may reverse any duplicate or erroneous credit entry.

Payroll ACH:

In the event that the State notifies the bank that the funds, which I did not earn, have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the State as soon as possible. In the event such unearned funds have been drawn from that account so that return of those funds by the bank to the State is not possible, I hereby authorize the State to recover those funds by deducting the amount of said unearned funds from any future salary payments from the State until the amount of the unearned deposit has been 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, I will immediately repay such unearned pay, 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 by law. I must notify the Personnel Office three (3) weeks in advance of closing the above account. If I fail to do so, I understand that it may take up to two (2) weeks to recover funds sent to a closed account.

01.20.05