



ENTERPRISES

Authorization Agreement for Electronic Fund Transfer (EFT)

Use this form to start, add, change or cancel payroll direct deposits. A separate form is required for each separate deposit.

Check One: New (1st time) Add an Account Change an Amount Cancel an Account

Pay Period Deposit Amount Requested: Net Check OR \$ Dollar Amount if other than net (\$10 Minimum)

Bank Name

Branch

City

State and Zip Code

Routing Number

Account Number

I authorize Chico State Enterprises to initiate credit entries and to initiate, if necessary, debit entries and adjustments, at the Depository named above, for any credit entries in error to my:

Select One: () Checking () Savings

I understand that if I participate in this program I will be subject to the Chico State Enterprises Cycle 1 or 2 pay schedule available on the Chico State Enterprises website. My direct deposit posting will occur according to my regularly scheduled pay day.

I will not hold Chico State Enterprises responsible for any delay or loss of funds or bank charges, should they occur, due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

In addition, I am aware that the Federal Reserve does not allow weekends and/or holidays as posting dates.

This authorization is to remain in full force and effect until Chico State Enterprises has received written notification from me of its termination in such time and in such manner as to afford Chico State Enterprises and the Depository a reasonable opportunity to act on it.

Print Name

Employee ID Number

Signature

Date

Phone Number

E-mail Address

Note: Any change in depository information requires that a new form be submitted.

Please submit authorization forms to the HR front desk at 25 Main Street, Room 206