



## **AUTOMATIC DIRECT DEPOSIT AUTHORIZATION** (ACH CREDIT)

This form is to be completed by the employee for direct deposit of payroll into their financial institution. It is the employee's responsibility to provide accurate information and update the information, as needed. Print clearly and legibly.

1.	Today's Date:	day of	1		
2.	Indicate authorization type:				
	NEW/Initial Set-up		Set-up	Account Change	
3.	Employee Information	on:			
	Name:		Social Security Number:		
4.	Type of account. Attach required documentation.				
	CHECKING	G ACCOUNT	SAVINGS A	CCOUNT	
	(attach voided check below)		(attach savings deposit slip below)		
5.	Financial Institution	Information:			
	Bank/Credit	Union Name:			
	Routing No.: (Transit/ABA) MUST be exactly 9 digits:				
	Account No.	:			
at the fir	nancial institution listed abo . This authority is to remai	ove. I understand that ad n in full force and effect u	justment entries may ntil CHUH has receive	CHUH) to initiate electronic debit and credit entries to the account be made by CHUH to correct any errors to that account as a written notification from the employee indicating a change/on at least ten (10) business days to act upon it.	
accurac				n test between CHUH and the financial institution verifies the irect Deposit is not yet in effect, therefore, live or "hard" checks wi	
CHUH 6	encourages and recommer	nds that employees contac	ct their financial institu	tions to confirm receipt of all deposits.	
Employee Signature:				Date:	
		ble forms will be return	ed to the employee	NGS DEPOSIT SLIP here  and not processed until complete and legible.	
	Entered by:	F	Finance Dept Use		
Entered by:			Date:		