



**Direct Deposit Enrollment Authorization**

Community Blood Center/Community Tissue Services requires enrollment in Direct Deposit for all employees, unless prohibited by state law.\* Please complete the information below indicating your enrollment details, and attach a voided check or bank-provided direct deposit information, sign and date the form.

New employees may return this form to Human Resources. Current employees may return this form to Payroll. Please allow one week for data entry. Once entered, wages will be direct deposited on the next pay date.

Action (Mark One per Account)	Bank Name	Bank Routing Number	Account Type	Account Number	Amount to Deposit
<input type="checkbox"/> Add account <input type="checkbox"/> Change account <input type="checkbox"/> Cancel account**			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Entire net earnings <input type="checkbox"/> Dollar amount: \$ _____
<input type="checkbox"/> Add account <input type="checkbox"/> Change account <input type="checkbox"/> Cancel account**			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Entire net earnings <input type="checkbox"/> Dollar amount: \$ _____ <input type="checkbox"/> Remaining balance
<input type="checkbox"/> Add account <input type="checkbox"/> Change account <input type="checkbox"/> Cancel account**			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Entire net earnings <input type="checkbox"/> Dollar amount: \$ _____ <input type="checkbox"/> Remaining balance

\* States restricting mandatory direct deposit include California, Oregon, Idaho (if hired prior to 7/1/05) and Pennsylvania. Employees in these states are strongly encouraged to enroll in direct deposit.  
 \*\* Cancellation of a direct deposit account **must** be accompanied by a corresponding addition or change of account(s), unless prohibited by state law.

I hereby authorize Community Blood Center/Community Tissue Services to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above and the depository/depositories named above to credit and/or debit the same to such account(s).

This authority is to remain in full force and effect until Community Blood Center/Community Tissue Services has received written notification from me of its termination in such time and in such manner as to afford Community Blood Center/Community Tissue Services and depository/depositories a reasonable opportunity to act.

Employee Name (Print) \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

HR/Payroll Use Only Entered By \_\_\_\_\_ Date \_\_\_\_\_



Applies To:	All Employees
Review/Approval Requirements:	CAO

REVISION TRACKING			
Rev #	Explanation of Changes <i>(include what changed including reason, when applicable)</i>	Change Initiated By	Implementation Date
Rev 00	Formerly HR Form 41	lac	8-23-13