DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO-1040 REV. 06/08

STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
PAYROLL SERVICES DIVISION
55 ELM STREET
HARTFORD, CONNECTICUT 06106

Please attach a voided check or a letter from the bank verifying the ROUTING and ACCOUNT number in order to process.

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

SECTION I

EMPLOYEE INFORMATION

DEPT ID | **EMPLOYEE NUMBER** | **EMPLOYEE NAME**

TYPE OF ACTION

☐ New ☐ Change ☐ Delete Account #_____ ☐ Other _____ ☐ **Add Additional Account**
COMPLETE SECTION I and III *ONLY*

ACCOUNT # 1

SECTION II

This section must be completed for first time Direct Deposit enrollees or if an employee is changing or deleting a prior account. If an employee is adding an additional account, please check off the "**Add Additional Account *ONLY***" box in Section I, and complete Section III.

DIRECT DEPOSIT ACCOUNT INFORMATION
FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

PLEASE NOTE:
Please see section III for Additional Account Requirements

ROUTING TRANSIT NUMBER | **ACCT TYPE**

C = Checking
S = Savings

COMPLETE THIS SECTION TO ADD AN ADDITIONAL ACCOUNT ONLY

ACCOUNT # 2 **(Additional Account)**

SECTION III

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.

DIRECT DEPOSIT ACCOUNT INFORMATION
FINANCIAL INSTITUTION NAME

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

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT MY NET SALARY TO THE BANK ACCOUNT(S) 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 UNEARNED 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 AMOUNT OF SAID UNEARNED FUNDS FROM ANY FUTURE SALARY PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE UNEARNED DEPOSIT(S) 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(S), I WILL IMMEDIATELY REPAY THE STATE THE FULL AMOUNT OF SUCH UNEARNED PAY. I FURTHER AGREE THAT IF I DO NOT 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 PERMITTED BY LAW.

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

SIGNATURE | DATE