

**The Center for Collaborative Solutions
DIRECT PAYROLL DEPOSIT - MANDATORY
Authorization Agreement**

I hereby authorize The Center for Collaborative Solutions – Council of Governments to initiate electronic credit entries and if necessary and with prior notification to me, debit entries to reverse erroneous credits to the following account(s). This authority shall remain in effect until the CCS-COG has received written notification from me of its termination in such time and manner as to afford the CCS-COG and the financial institution(s) a reasonable opportunity to act upon it. I understand that it is my responsibility to notify the CCS-COG of any change in my routing or account number(s).

Employee Name _____ SS# _____

E-Mail Address: _____

Signature _____ Date _____

➤ **Checking Account:** Deposit entire pay or Deposit amount not put in savings

Routing/Transit Number _____

Account Number _____

Financial Institution Name _____

Financial Institution
must certify or attach
blank voided check

MUST BE COMPLETED BY FINANCIAL INSTITUTION
(Checking Account)

I hereby certify that the above account number and routing/transit number are accurate.

Name _____ Title _____

Institution _____ Phone _____

Signature _____ Date _____

➤ **Savings Account:** Deposit entire pay or Deposit \$ _____ or _____%

Routing/Transit Number _____

Account Number _____

Financial Institution Name _____

Financial Institution
must certify or attach
blank voided check

MUST BE COMPLETED BY FINANCIAL INSTITUTION
(Savings Account)

I hereby certify that the above account number and routing/transit number are accurate.

Name _____ Title _____

Institution _____ Phone _____

Signature _____ Date _____