

SECONDARY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

INSTRUCTIONS: Complete this form if you wish to establish, change, or cancel a secondary direct deposit account with the State of Connecticut. If you would like to establish an initial direct deposit account, please complete a *Direct Deposit Authorization Agreement*. If you have any questions regarding direct deposit, please contact the University of Connecticut Payroll Department at (860) 486-2423.

SECTION I EMPLOYEE INFORMATION

SECTION II ACCOUNT INFORMATION

EMPLOYEE NAME 	TYPE OF ACTION (Check only one) <input type="checkbox"/> NEW SECONDARY ACCOUNT <input type="checkbox"/> CANCEL SECONDARY ACCOUNT <input type="checkbox"/> CHANGE SECONDARY ACCOUNT <input type="checkbox"/> CHANGE AMOUNT/PERCENTAGE OF CURRENT NET PAY DISTRIBUTION																			
EMPLOYEE ID NUMBER (Found on check stub) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											NAME OF FINANCIAL INSTITUTION 									
LAST FOUR DIGITS OF SSN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> (Required)					ROUTING NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>															
EMAIL ADDRESS 	ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																			
TELEPHONE NUMBER 	ACCOUNT TYPE (Check only one) <input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS																			

SECTION III NET PAY DISTRIBUTION OPTION (Choose only one option)

OPTION I	FLAT AMOUNT DEPOSIT TO SECONDARY ACCOUNT IN THE AMOUNT OF:	\$
OPTION II	PERCENTAGE SPLIT (COMBINED TOTAL MUST EQUAL 100%) PERCENTAGE OF NET PAY TO BE DEPOSITED IN ESTABLISHED ACCOUNT	%
	PERCENTAGE OF NET PAY TO BE DEPOSITED IN SECONDARY ACCOUNT	%

WARNING! If you elect to split your direct deposit by percentage, you will receive an actual check for the percentage allotted to your secondary account during the pre-note process* (e.g. your established account deposit will be reduced to the percentage you have requested and you will receive a check for the remaining net balance).

SECTION IV POLICIES & DEFINITIONS

ESTABLISHING A SECONDARY ACCOUNT: You 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 requesting direct deposit for the first time, are not permitted to request an additional account until an initial account has successfully completed the pre-note process.

CLOSING A DIRECT DEPOSIT ACCOUNT: Do not close, cancel, or change an existing direct deposit account without first submitting an updated direct deposit form to the Payroll Department. Failure to notify the Payroll Department of a change to your account(s) may result in delayed payment(s).

***PRE-NOTE PROCESS:** Each new direct deposit account that is entered into the State's Core-CT system must pass the State's "pre-note process." During this period, paper checks continue to be issued while the new account is tested. A \$0.01 deposit will be made to the new account on the pay date preceding the direct deposit effective date.

SECTION V AUTHORIZATION AGREEMENT

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT ALL DEDUCTION MONIES OWED TO ME TO THE BANK 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 NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK THAT FUNDS HAVE BEEN DEPOSITED TO MY ACCOUNT IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH FUNDS HAVE BEEN DRAWN FROM THAT ACCOUNT SO THAT RETURN OF THOSE FUNDS BY THE BANK TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE AMOUNT OF SAID FUNDS FROM ANY FUTURE PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE ERRONEOUS DEPOSIT HAS BEEN RECOVERED IN FULL. I FURTHER AGREE THAT IF I DO NOT IMMEDIATELY REPAY AN ERRONEOUS DEPOSIT, I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH ERRONEOUS DEPOSIT, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

PLEASE SIGN AND DATE HERE TO ACCEPT THE TERMS AND CONDITIONS OF THIS FORM	SIGNATURE	DATE

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