

DIRECT DEPOSIT AUTHORIZATION FORM

This form is NOT for State of Connecticut employees and retirees. State of CT employees and retirees should contact their payroll clerks to sign up for direct deposit. For payroll deduction, State of CT employees should complete the "Payroll Deduction Form."

To sign up for direct deposit with a non-State of Connecticut employer, complete this form and provide to your Human Resources Department or Payroll Department. Your employer may also require additional forms to be completed and may ask you to attach a voided check to this or another form.

| Direct Deposit Authorization | | |
|--|--------------------|----------------------------|
| Employer Name | | |
| I authorize: | | to deposit my paycheck to: |
| Account Information | | |
| Name: First, MI, Last, Suffix | | |
| CSE Credit Union Routing (ABA) Number | CSE Account Number | Account Type |
| 211977197 | | Savings Checking |
| I would like: | | |
| My entire paycheck or Part of my paycheck in the amount of \$ | | |
| I hereby authorize the employer listed above to initiate deposit of my funds to my Connecticut State Employees Credit Union account. This authorization will remain effective until I provide written notice of change or cancellation to my employer. | | |
| X | | |
| Signature | Date | |