



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
DIRECT DEPOSIT CHANGE FORM



I wish to cancel my direct deposit with:

Financial Institution: _____

Routing number: _____

Account number: _____

Checking

Savings

Effective date of cancellation:

As soon as possible, send me a payroll check for the next payday

When direct deposit to new account is in effect.

I wish to request direct deposit to a new account:

Attach a voided check. If you do not have either, contact your financial institution for the following information:

Financial Institution: _____ Amount/Balance \$ _____
 (Indicate the word "Balance")

Routing number: _____

Checking

Account number: _____

Savings

New direct deposit requests will be verified first through a pre-note process with the financial institution to confirm the account information that you will provided is valid. Once you request is pre-noted, your direct deposit will be effective the following month.

I wish to change the amount of my direct deposit:

Financial Institution: _____ New Amount \$ _____

Routing number: _____

Checking

Account number: _____

Savings

SIGN BELOW and return this form to: District Office, Payroll, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568

Print Name

SSN / W#

Position Title

Division/Office/Area Assigned

Signature

Date

Revised 08/28/2008; 4/24/13
 (P:/Forms/Direct Depost Change Form

Posted by payroll: _____

Initials