



Payment Services Department
 1200 E. California Blvd, MC 103-6
 Pasadena, CA 91125
 Hotline: 626-395-8900

Employee Direct Deposit Authorization

Instructions:

This form is used to enroll, cancel or update how you receive payments from Caltech, that are not Payroll related. This form pertains only to **Retirees, Employees & Students** of Caltech or JPL. Attach copy of a voided check to this form for the bank account you wish to deposit to. The additional CEFCU direct deposit form attached only needs to be completed if you have a savings account with Caltech Employees Federal Credit Union. Please allow 3 to 5 business days to complete your request.

Upload completed form at <https://pdropbox.caltech.edu> or fax to: (626) 666-3928 with attention to Supplier Management

Section 1 – Action Requested:

- Enroll Cancel Update Information (fill out section 2 + only items to be changed)

Section 2 – Payee Information:

| | | | |
|---|--|-------------------|---------------|
| Name (Last, First, Middle): | | Email address: | |
| Full Address (associated with bank account): | | Telephone Number: | |
| Please check one: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad Student <input type="checkbox"/> Academic Non-Faculty | | UID #: | Retired from: |

Section 3 – Banking Information:

| | |
|--|--|
| Name of Financial Institution: | Branch Name (refer to front of check): |
| Account Name (name[s] of account owners): | Account Number: |
| Bank's ABA Routing Number: | |
| *If you have a savings account with CEFCU, please also fill out attached Direct Deposit Agreement form | |

Section 4 - Authorization

I authorize the California Institute of Technology to deposit payments into the bank account as indicated on this form. It is my responsibility to notify Payment Services of any changes to the bank account entered above in a timely manner.

I authorize the California Institute of Technology to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

| | |
|-----------------------|-------|
| Print Name: | |
| Signature (required): | Date: |

Note: Please attach a VOIDED CHECK to this form for the bank account you wish to deposit to

| |
|---|
| For Internal Use Only: SUPPLIER # _____ |
|---|



Caltech Employees Federal Credit Union

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Caltech EFCU** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Caltech EFCU** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Caltech EFCU** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Caltech EFCU** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: Caltech Employees Federal Credit Union

Routing Number: 3222-8069-2

Account Number: _____

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____