

Direct Deposit Authorization



Entity CCF: Clinical Hospital Exempt Fellows/Residents Staff
EAST Corporate Euclid Hillcrest Huron Southpointe
WEST Fairview Lakewood Lutheran Marymount

Employee Number

--	--	--	--	--	--

Employee Name (Please print) _____

Net Payroll Deposit Account Information – This is the account where your net payroll check will be deposited. See below for establishment of a partial deposit account.

This request:

- Establishes a new net payroll deposit account.
- Changes an existing net payroll deposit account.
- Cancels an existing net payroll deposit account.

Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	
ABA Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/>

For checking accounts – Please attach a voided check here.

Partial Deposit Account Information – This is the account where partial amounts will be deposited. Please specify whole dollar amounts to be deducted from each payroll check. The remainder will be deposited in your net payroll deposit account (see above.)

This request:

- Establishes a new partial deposit account.
- Changes an existing partial deposit account.
- Changes an existing partial deposit amount.
- Cancels an existing partial deposit account.

Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	
ABA Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/>
Amount (whole dollar amounts only)	
.00	

For checking accounts – please attach a voided check here.

Terms & Conditions

Pre-notification process: I understand I will receive a live payroll check for the first payroll period following submission of this request. Direct deposit will commence with the second payroll period unless otherwise notified by the payroll department.

I understand that deposited funds for bi-weekly employees are not guaranteed until Friday and that manual checks cannot be directly deposited.

I understand that it is my responsibility to notify the payroll department of any change in financial institution affiliation or account number and to submit a revised direct deposit authorization. Such a revision is subject to the pre-notification process described above.

I understand that my payroll stub will be mailed to my home address.

Signature: _____

Date: _____

Payroll Fax Numbers: CCF: (216) 636-7156 Eastern Region: (216) 636-7150 Western Region: (216) 636-8525