



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
Office of Payroll Services  
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:

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 your financial institution to confirm that the account information that you provide is valid. Once your 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

\_\_\_\_\_  
W# (do not use SSN)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Division/Office/Area Assigned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date