



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