ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)
ENROLLMENT / AUTHORIZATION FORM
OCCIDENTAL COLLEGE

To enroll in full service direct deposit, simply fill out this form and attach a voided check for each checking account. Please DO NOT attach or send a deposit slip as the routing number that appears may differ from that on your check. If your bank account information changes during the year, please fill out another authorization form so your information can be updated accordingly. **ALL changes must be made in writing.**

Please allow up to thirty (30) days for direct deposit activation. NOTE: Always verify with your bank that funds are available BEFORE withdrawing.

Circle one box only: Activate Direct Deposit Change Bank Account Cancel Direct Deposit	
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM *(Please print or type)*	
Employee Information	
Name	**Social Security Number** _____-_____-_____
Account Information: The last item must be for the remaining amount owed to you. Indicate what kind of account, **along with amount to be deposited, if less than your total net paycheck.**	
Bank Name	Account Number

ATTACH VOIDED CHECK HERE

Bank Identification Number (ABA#)	**Type of Account (Circle ONE)** Checking Savings
Enter amount or check box I wish to deposit $_____	☐ Entire Amount
Bank Identification Number (ABA#)	**Type of Account (Circle ONE)** Checking Savings
Enter amount or check box I wish to deposit $_____	☐ Entire Amount

Authorization:

This is Cetera Retirement Plan Specialists authorization to activate, change or cancel Direct Deposit, per my selection above, with the named financial institution for the account number specified. I have verified that my financial institution can receive transactions by Electronic Funds Transfer. Further, I authorize the named financial institution to accept and to credit any credit entries indicated by Cetera Retirement Plan Specialists to my account. In the event that Cetera Retirement Plan Specialists deposits funds erroneously into my account, I authorize Cetera Retirement Plan Specialists to debit my account for an amount not to exceed the original amount of the erroneous credit.

For activation, account change, or cancellation: by signing below, I certify that I have read and understand the information on this form and that the option of Direct Deposit will remain in effect until written notification is provided by me requesting otherwise.

Signature _____ **Date _____**