

HARVEY MUDD

C O L L E G E

MEMORANDUM

TO: HMC Regular Faculty and Staff Members

FROM: HMC Human Resources Office

SUBJECT: Electronic Direct Deposit of Paychecks

The Payroll Department in the Office of Financial Services offers an electronic direct deposit program for regular (non-student) staff and faculty. A net paycheck may be deposited in any financial institution that participates in the Automated Clearing House system.

The electronic direct deposit program applies to regular payroll runs only and does not include special payments such as an interim check or reimbursement check. Special payments processed outside a normal payroll run will generate an actual paycheck.

To participate, a completed direct deposit authorization form with a voided check attached to it must be submitted to:

Claremont University Consortium (CUC)
Payroll Department
Office of Financial Services
Pendleton Business Building
150 East Eighth Street, Suite A
Claremont, CA 91711

The authorization will be processed according to respective payroll and electronic deposit verification deadlines. An actual paycheck will be disbursed, as it is processed, until the electronic deposit has been activated, which may take one or more pay periods. After that date, you will receive a payroll advice as your earnings report and acknowledgement of deposit.

Changes/Cancellations:

Should you need to change your account number or financial institution, it will be your responsibility to notify the CUC Payroll Department by submitting a new Direct Deposit Enrollment Authorization form. As funds must be returned by the bank before a replacement check can be issued, failing to notify the payroll department of a change may cause a delay in receiving your paycheck.

A Direct Deposit Enrollment Authorization form is also required when you choose to cancel your direct deposit.

Please contact the HMC Human Resources Office at extension 79700 or extension 74096 if you have questions.

Thank you.



Direct Deposit Authorization Form

NEW ENROLLMENTS • CHANGES • CANCELLATIONS

- SEE POLICY ON BACK.
- TYPE OR USE BALL POINT PEN - PRINT CLEARLY
- RETURN COMPLETED FORM TO EITHER THE PAYROLL OFFICE AT PENDLETON OR HUMAN RESOURCES AT YOUR INSTITUTION

SECTION A (To be completed by employee)

<p>1. TYPE OF ACTION:</p> <p>1. <input type="checkbox"/> NEW MUST COMPLETE SECTIONS A, B, & C</p> <p>2. <input type="checkbox"/> CHANGE MUST COMPLETE SECTIONS A, B, & C</p> <p>3. <input type="checkbox"/> CANCEL MUST COMPLETE SECTIONS A & D</p>	<p>2. SOCIAL SECURITY NUMBER</p> <hr/> <p>3. NAME (First Middle Last)</p> <hr/> <p>4. ADDRESS (Number & Street)</p> <hr/> <p>(City State Zip)</p> <hr/> <p>5. INSTITUTION</p>
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SECTION B (To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)

<p>1. TYPE OF ACCOUNT – MUST BE CHECKED. If left blank, request will be processed for CHECKING account.</p> <p><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p>	
Verify Routing/Depositor Numbers with Financial Institution	
<p>2. ROUTING NUMBER</p> <p style="text-align: center;"> <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"/> </p>	<p>3. ACCOUNT NUMBER</p>
<p>4. FINANCIAL INSTITUTION NAME</p>	
<p>5. FINANCIAL INSTITUTION ADDRESS (Number, Street, City, State, & Zip)</p>	

SECTION C (To be completed by employee if this is a **NEW** request or a **CHANGE** in Section A)

<p>A T T A C H V O I D C H E C K</p>	<p>I hereby authorize the Payroll Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.</p> <p>If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Payroll Office to either:</p> <p style="padding-left: 20px;">(a) Withhold a sum equal to the overpayment from future salary or wages; or</p> <p style="padding-left: 20px;">(b) Recover such overpayment from the above-designated account</p> <p>If the Payroll Office is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the Payroll Office may terminate my enrollment in the program. If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the Payroll Office assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the Payroll Office by the financial institution.</p>
	<p>DATE</p>
	<p>SIGNATURE</p>

SECTION D (To be completed by employee if this is a request to **CANCEL** an existing Direct Deposit)

<p><input type="checkbox"/> I hereby CANCEL my Direct Deposit Authorization</p>	<p>SIGNATURE</p>	<p>DATE</p>
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SECTION E (To be completed by Payroll Office only)

<p>Date Received</p>	<p>Processed By</p>	<p>Date Entered</p>
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