Authorization Agreement For Automated Payroll Deposits

I hereby authorize and request the CNM Payroll Department to make payment of any amounts owing to me by initiating credit entries initiated by CNM to such account and credit the same to such account without responsibility for the correctness thereof.

PLEASE CHECK THE APPROPRIATE BOX BELOW.

REASON: ☐ NEW ☐ ADDT'L **OR** **CHANGE:** ☐ BANK ☐ ACCT#

Amt. Per checks **$**_____ **OR** % Per check _____ **%** ☐ Checking ☐ Savings

Bank Name	**City**	**State**	**Account #**

It is understood that this agreement may be terminated by me at any time by written notification to CNM. Any such notification to CNM shall be effective only with respect to entries initiated by CNM after receipt of such notification and reasonable opportunity to act on it.

Employee Name (Print)	**Employee ID No.**
Date	**Signature**

☐ **YES, I authorize CNM Payroll to e-mail my biweekly direct deposit advice to _____@cnm.edu .**

(Payroll information may only be electronically sent to CNM e-mail address.)

THIS SECTION TO BE COMPLETED BY CNM

Transit Routing Number **Account Number Information**

BANK VERIFICATION

The above information has been verified.	**BANK**	**Signature**

Attach a "voided check" to this form and forward to the Payroll Office.