

General Information:

Employees may have their net pay allocated and deposited into a maximum of two bank accounts and one TCCC credit union account.

New Accounts must go through a *pre-notification process. If you are currently receiving a hard copy, negotiable paycheck, you will continue to do so until your request has been successfully processed.

Retain this form until you have verified that your request has been processed.

Employee Name: _____

Division: _____ SS#: _____

Daytime Phone Number (including area code): _____

***Pre-notification – means your bank account information must be validated with the bank before direct deposit can begin.**

Please allow 2 to 3 pay periods for direct deposit to take effect.

Note: A portion of your net pay will be deposited into the account that is designated as dollars (\$). Any remaining net pay will then be deposited into the account designated as Balance. If you are replacing your old account, write in the old account below and check the "Cancel" box, then add your new account.

All fields must be completed in order for this form to be processed.

Account One - remove

Check One: New Change Cancel Name of Bank/Financial Institution: _____

Enter Routing Number: _____
(Series of 9 numbers (would not start with a 5)) located in the lower left hand corner of you check)

Enter Account Number: _____
(The set of numbers located right after the routing number):

Account Type: Checking – A voided check for this account must accompany this form; no deposit slips will be accepted.
 Savings – A savings deposit slip for this account must accompany this form.

Deposit Amount \$ _____ OR Balance/Net Pay

Account Two - remove

Check One: New Change Cancel Name of Bank/Financial Institution: _____

Enter Routing Number: _____ Enter Account Number: _____

Account Type: Checking – A voided check for this account must accompany this form; no deposit slips will be accepted.
 Savings – Obtain Savings Acct routing number from your savings institution and include it on this form.

Deposit Amount: \$ _____

The Coca-Cola Company Family Federal Credit Union

Check One: New Change Cancel Name of Bank/Financial Institution: **The Coca-Cola Family Federal Credit Union**
(Credit Union Only)

Routing Number: **261071564** Account (Member) Number: _____

Account Type: Checking – A voided check for this account must accompany this form; no deposit slips will be accepted.

Savings # _____

Deposit Amount \$ _____ OR Balance/Net Pay

Authorization

By signing below, I authorize The Coca-Cola Company and/or its representative to initiate direct deposit (credit) entries. If funds to which I am not entitled are deposited to my account, I authorize TCCC and/or its representative to direct the bank to return said funds (debit). I understand I will be notified if there is a problem with my ACH account transaction during *pre-note as stated above.

This authorization is to remain in effect until it is changed or canceled by me via the Payroll Direct Deposit Authorization form. I understand that I must allow sufficient time as noted above for the processing of such changes or cancellation.

Employee Signature: _____ Date: _____

You will receive a Direct Deposit payroll advice each pay period you have any compensation electronically deposited. This will inform you of your gross compensation, and will identify all amounts withheld, as well as any direct deposits made on your behalf.

Your Direct Deposit Advice is available as a password-protected file through email. CCE strongly encourages delivery to a CCE e-mail address. Please provide your email address and password below.

_____/_____
Email Address (home or office) (up to 39 characters) Password (7 - 10 alpha/numeric characters – at least 1 numeric)

FAX THIS AUTHORIZATION FORM TO ONESOURCE (888) 827-2653 OR UPDATE YOUR PAYROLL DEDUCTIONS ONLINE BY LOGGING ONTO MYCCE AND ME FROM THE CCE INTRANET.

INSTRUCTIONS FOR DISTRIBUTION OF FUNDS
 TO BE COMPLETED BY MEMBER for Credit Union Use ONLY
 (do NOT send this form to you HR Department)

Member Name: _____

Member SS#: _____

Select one:

- MONTHLY PAYROLL SEMI-MONTHLY (15th & 31st)
 WEEKLY PAYROLL BI-WEEKLY PAYROLL

<u>LOANS</u>	<u>AMOUNT</u>	<u>MEMBER NUMBER</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>SAVINGS/CHECKING</u>	<u>AMOUNT</u>	<u>MEMBER NUMBER</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Distributions can be made from either savings or checking:

Select One:

- Distribution from Savings
 Distribution from Checking

TOTAL Deduction Amount \$ _____

I authorize The Coca-Cola Company Family Federal Credit Union to distribute funds received from my payroll in the manner described above. I understand this supersedes any distribution instructions previously provided to the credit union.

SIGNATURE: _____ DATE: _____

This document is INTERNAL For Credit Union use only

Payroll effective date: _____

Posted to member account by _____

Reviewed by: _____ Date: _____