



Direct Deposit Authorization for Payroll

Fax completed form to: 1-866-633-3212

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

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

New Accounts must go through a *pre-notification process. You will receive a hard copy, negotiable paycheck during the pre-note process.

Employee Name: (print) _____

SS#: _____ Division: _____

Daytime Phone Number (including area code): _____

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

A “voided” check must be attached for Checking Accounts.

Please allow at least two pay periods for the direct deposit to take effect.

Note: If you only have one (1) account in the direct deposit program and you want your entire check deposited to that account, check the Balance/Net Pay box for that account. If you specify two (2) accounts & want your entire check deposited, the Amount of Net Pay for one of the accounts must be equal to Balance. 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

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

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

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 – Obtain Savings Acct routing number from your savings institution and include it on this form.

Deposit amount \$ _____ OR Balance/Net Pay

Account Two

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

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 Company Family Federal Credit Union
(Credit Union Only) Routing Number: 261071564 Account Number: _____

Account Type: Checking – A voided check for this account must accompany this form; deposit slips will not 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 that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer (EFT). 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: _____

Revised 08/02

INSTRUCTIONS FOR DISTRIBUTION OF FUNDS TO BE COMPLETED BY MEMBER

Member Name: _____

Member SS#: _____

Select one:

- | | |
|--|--|
| <input type="checkbox"/> MONTHLY PAYROLL | <input type="checkbox"/> SEMI-MONTHLY (15 th & 31 st) |
| <input type="checkbox"/> WEEKLY PAYROLL | <input type="checkbox"/> 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: _____