## DIRECT DEPOSIT FORM \*RETURN TO PAYROLL\*

Effective May 1, 2000, the State of Colorado Fiscal Rules (Rule 9-2) **require** that all employees be on the Direct Deposit Payroll Program.

**Please note:** It is important that you fill out as much information as possible to prevent delays with your pay. <u>Please complete and return this form along with one (1) voided check or a copy of a Direct Deposit Authorization Form from your bank to the PAYROLL DEPT.</u>

Primary Account: [For remaining bal. if choose secondary account: Savings: Rout Checking: Account: Bank Name: Bank (if kno Secondary Account: [Amount Specified] Savings: Rout Checking: Account: [Amount Specified] Savings: Rout Specified]	ting No ount No: k Phone No.
Primary Account: [For remaining bal. if choose secondary account: Rout Checking: Account: Bank Name: Bank Name: Bank Name: Bank (if known Specified]  Secondary Account: [Amount Specified]  Savings: Rout Checking: Account: Specified]	ccount] ting No ount No: k Phone No. own) ting No
Savings: Rout Checking: Acco Bank Name: Bank (if kno  Secondary Account: [Amount Specified] Savings: Rout Checking: Acco Spec	ting No  punt No:  k Phone No.  pwn)  ting No
Checking:  Bank Name:  Secondary Account: [Amount Specified] Savings:  Checking:  Account: [Amount Specified]  Specified]  Specified	k Phone No.  with the state of
Bank Name:  Secondary Account: [Amount Specified] Savings: Checking:  Rout Specified	k Phone No.
Secondary Account: [Amount Specified] Savings: Rout Checking: Accounts	ting No
Savings: Rout Checking: Acco	
Savings: Rout Checking: Acco	
Spec	ount No:
•	
•	cific \$ Amount:
Bank Name: Bank	k Phone No.
CSM Department: CSM	M Extension or Contact No.:
(Check one)	
	ifiedTemp. Classified Faculty Other
Signature:	Date:
Please TAPE your voided	check here. DO NOT STAPLE