



**UNITED CEREBRAL PALSY**  
**Payroll Direct Deposit Authorization Form**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

I hereby authorize United Cerebral palsy to deposit my net pay and, if necessary, to make adjustments for any entries in error to my account indicated below. The Financial Institution named below is also authorized to make the same entries to my account.

- Checking       Savings       Mail check to my home address  
**\*\*\*PLEASE READ BELOW THE PROCESS OF HAVING  
CHECK MAILED TO YOU.\*\*\***

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Location of Bank:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please attach a cancelled or voided check for checking accounts or a copy of the savings account card for savings accounts to validate account information.**

I understand that Direct Deposit of net earnings is a practice of United Cerebral Palsy and that 100% of my net earnings will be direct deposited to a checking or savings account. This authority will remain in effect until United Cerebral Palsy has received written notification from myself of changes made to account information and has had a reasonable time to act on it. I understand that changes to my account must be received by the Human Resources Office 5 working days prior to my regularly scheduled payday to be effective for that pay period. I understand that United Cerebral Palsy is not responsible for the accuracy of the direct deposit. The Direct Deposit information above will be in effect for every payroll until I give written authorization to change my Direct Deposit distribution. **\*\*\*It has been explained to me and I understand that by choosing for my check to be mailed to me, UCP cannot guarantee when the check will arrive. A lost, misplaced, or a check not received CANNOT be replaced for ten (10) business days. Choosing to receive my check by mail, I understand that UCP does not have any control over the postal service and I realize that holidays/no mail delivery may prolong the delivery of my paycheck. By NOT choosing direct deposit I will not be allowed to pick my check up from United Cerebral Palsy. I understand that all checks are MAILED to employees with this choice.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date