



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
Office of Payroll Services  
DIRECT DEPOSIT FORM



Direct deposit requests must be verified first through a [pre-note](#) process with your financial institution to confirm the account and routing numbers that were provided are numerically accurate. The [pre-note](#) process will occur on the first payroll period in which you receive a paycheck. Once your account and routing numbers are verified, your direct deposit will be effective the following payroll period.

If you choose to split your salary between more than one financial institution, your direct deposit distribution must equal 100% of your net pay.

**Account #1**

Financial Institution: \_\_\_\_\_

Amount or Balance \$ \_\_\_\_\_

(enter \$ amount to be deposited or "Balance" to indicate ALL or the remaining amount of your pay)

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking  
 Savings

**Account #2**

Financial Institution: \_\_\_\_\_

Amount or Balance \$ \_\_\_\_\_

(enter \$ amount to be deposited or "Balance" to indicate ALL or remaining amount of your pay)

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking  
 Savings

**Account #3**

Financial Institution: \_\_\_\_\_

Amount or Balance \$ \_\_\_\_\_

(enter \$ amount to be deposited or "Balance" to indicate ALL or remaining amount of your pay)

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking  
 Savings

1. A voucher of your salary warrant will be **emailed** to you.

**PLEASE PROVIDE YOUR OUTLOOK OR ZONE EMAIL ADDRESS BELOW**

2. **SIGN BELOW** and return this form to:

**District Office, Payroll, 7600 Dublin Boulevard, 3rd Floor Dublin CA 94568**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
W # (do not use SSN)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Division/Office/Area Assigned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outlook or Zone Email Address

Posted by payroll: \_\_\_\_\_