



# Cortland County Community Action Program, Inc. (CAPCO)

32 North Main Street ❖ Cortland, NY 13045

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Head Start ❖ Early Head Start ❖ Energy Services ❖ WIC ❖ Consumer Directed Personal Assistance ❖ Family Development

## Direct Deposit Form

### Instructions:

- 1) Complete the "EMPLOYEE - Required Information" Section
- 2) Complete the Direct Deposit section to specify where you want your pay deposited.
- 3) Sign the bottom of this form
- 4) Please attach either a voided check OR Bank Letter / Specification sheet to this form.**
- 5) Retain a copy for your records, and return the original to the CAPCO HR Department.

### "EMPLOYEE - Required Information" Section: (PLEASE PRINT)

Employee's Name: \_\_\_\_\_

Employee's Last four digits of Social Security Number: XXX-XX- \_\_\_\_ \_

### Direct Deposit Section:

I authorize CAPCO to deposit my wages / salary to the following bank account(s):

**Bank Account #1:**  checking  savings

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

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

I wish to deposit (check one):

Entire Net Pay /  only  % of net pay /  only a specific Dollar Amount of \$ \_\_\_\_ .00

### Direct Deposit Section:

I authorize CAPCO to deposit my wages / salary to the following bank account(s):

**Bank Account #2:** (if desired)  checking  savings

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

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

I wish to deposit (check one):

Entire Net Pay /  only  % of net pay /  only a specific Dollar Amount of \$ \_\_\_\_ .00

### \*\*Please provide email address below:

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Cannot be processed without provided source document\*\***

A source document (i.e. voided check, deposit slip, letter/screenshot from bank with name and account numbers) **MUST** be provided to process this document. If this document is submitted without a secondary source document, this form **will not** be processed.