Important Information regarding Direct Deposit

Please read the information pertaining to your employee type below (Student Worker or Classified, Exempt, Faculty and Part-Time)

Classified, Exempt, Faculty and Part-Time Employees:

Please note: Setting up direct deposit or making changes to a current direct deposit account requires a Pre-Note Authorization process to verify your account. Because of this, you will receive a live (paper) check the first pay date following this change. After the pre-note authorization has completed, and your account has been verified, you will receive pay via direct deposit.

Please indicate one of the following choices for receiving your next live check and return this form to the Human Resources Office along with the completed Authorization for Electronic Funds Transfer (EFT) of Wages form.

Signature	 Date	
☐ Please mail my check to the address on file with Human Resources		
☐ I would like to pick up my check at the Human Resources Office		

Pay days

Columbia Basin College abides by the State of Washington laws and issues semi-monthly paychecks. For time worked from the 1st through the 15th, the pay date is the 25th. For time worked from the 16th through the end of the month, the pay date is the 10th of the following month. If the 10th or 25th falls on a Saturday, payday will be the preceding Friday. If the 10th or 25th falls on a Sunday, payday will be the following Monday unless Monday is a federal banking holiday, then payday will be the preceding Friday.

Student Employees:

Please note: Setting up direct deposit or making changes to a current direct deposit account requires a Pre-Note Authorization process to verify your account. Because of this, you will receive a live (paper) check the first pay date following this change. After the pre-note authorization has completed, and your account has been verified, you will receive pay via direct deposit.

Your check will be available to you at Hawk Central on the next pay date following submission. It will be mailed to the address on file with Human Resources one week after the pay date if not picked up.

In order for changes to go through the pre-note process on the next available payroll, completed forms need to be submitted to the Human Resources Office by the Payroll Cutoff date for the corresponding payroll (the 15th and the last day of the month)

Pay days

Columbia Basin College abides by the State of Washington laws and issues semi-monthly paychecks. For time worked from the 1st through the 15th, the pay date is the 25th. For time worked from the 16th through the end of the month, the pay date is the 10th of the following month. If the 10th or 25th falls on a Saturday, payday will be the preceding Friday. If the 10th or 25th falls on a Sunday, payday will be the following Monday unless Monday is a federal banking holiday, then payday will be the preceding Friday.

^{**}In order for changes to go through the pre-note process on the next available payroll, completed forms need to be submitted to the Human Resources Office by the Payroll Cutoff date for the corresponding payroll (the 15th and the last day of the month)**



STATE OF WASHINGTON Authorization for Electronic Funds Transfer (EFT) of Wages

(Rev 11/08)

Employee: (1) Complete the upper portion of the form, sign, and date. (2) Have your financial institution complete the lower portion, or attach a voided check (see below). (3) Deliver the completed form to your Payroll Office. (1) Ensure that the employee receives a copy of the completed form. Payroll: PAYROLL NAME (Last, First, Initial) **EMPLOYEE ID NO*** AGENCY AGENCY CODE **EMPLOYEE'S ADDRESS DAYTIME TELEPHONE** *Provide your employee identification number if available. In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account. In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason. I understand that the State shall have the authority to immediately terminate any transfer made under this authorization. If the State discovers that the electronic transmission for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate. If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution. This authority is in force until written notification is received from me regarding its termination, or my death. **EMPLOYEE'S SIGNATURE** DATE Banking information can be provided in one of two ways: Note: The completed form is valid only if items a) or b) are completed. Your financial institution completes the bottom section, or; b) Attach a voided check. Note: A deposit slip is not a valid substitution for a voided check. NAME OF FINANCIAL INSTITUTION CHECK THE TYPE OF ACCOUNT TO BE DEPOSITED: **CHECKING SAVINGS** ACCOUNT ACCOUNT FINANCIAL INSTITUTION TO COMPLETE ITEMS BELOW AUTHORIZED SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE TITLE/DATE NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Account Number

Bank Routing Number