



Employee Direct Deposit Enrollment Form

Employee Name: _____ Social Security# (Last 4 Digits) XXX-XX-____

Employee Badge# _____ Telephone Phone (Home or Cell) #: _____

Email Address: _____

Employee Signature: _____ Date: _____

I hereby authorize The Chicago Transit Authority, hereinafter called "company" to initiate automatic deposits and or credit entries and if necessary, debt entries and adjustments for any credit entries in error to my account.

This authorization is to remain in full force and effect until C.T.A. has received written notice from me of its termination in such time to afford C.T.A. and depository a reasonable opportunity to act on it.

To Enroll:

- Attach a voided check for each checking account or an official form from your bank (up to 3 accounts) not a deposit slip.
- Only 1 account can be Entire Net Amount.
- Allow 3-4 pay periods for your check to be deposit into your account.
- Please Email completed form to the Payroll Department: ctapayroll@transitchicago.com

Account Information:

Do you have Direct Deposit now? ☐ Yes ☐ No

☐ Start Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Account 1: Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____.____ or ☐ Entire Net Amount

☐ Start Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Account 2: Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____.____ or ☐ Entire Net Amount

☐ Start Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Account 3: Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____.____ or ☐ Entire Net Amount

Please return completed form to the Payroll Department.