



Direct Deposit Authorization

Employee Legal Name (Print) _____

Employee ID# or SSN _____

Employee CSI Email Address _____

REQUIRED: A voided check or bank statement with routing and account number must be attached.

Option A: Deposit Payroll into a Single Bank

Account is a: Checking Savings

Deposit Bank Name _____

Option B: Split Payroll Between Two Banks

Account #1 Checking Savings Percent or fixed amount
Direct Deposit Bank Name _____ % \$ _____

Deposit Bank Routing Number _____

Direct Deposit Bank Account Number _____

Account #2 Checking Savings For remaining balance.

Direct Deposit Bank Name _____

Direct Deposit Bank Routing Number _____

Direct Deposit Bank Account Number _____

This Authorization will be in effect until CSI receives a written notice asking that the direct deposit be inactivated.

Signature _____ Date _____

Required: Attach a voided check here.
Deposit slips NOT accepted.

Submit to HR Department.