

DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS AND DEPOSIT REVERSALS

I hereby authorize Tri-County Technical College to initiate credit entries to my Checking and/or Savings account(s) listed below and the depository(ies) listed below. In the event of the over payment to my account, I authorize Tri-County Technical College to make an adjusting debit entry to my account up to the amount of the over payment. I further understand that if I fail to notify the Payroll Office in such time for a reasonable opportunity to act regarding closing or changing my account, it will take up to 10 business days to receive payment.

With this form, please include a voided check or statement from an authorized banking branch (online banking accepted) which indicates both an account number and routing number for further verification. **Bank Statements will not suffice if routing and account number are not shown.**

Checking Account

Savings Account

Full Deposit

Bank Name	Routing Number	Account Number

Partial Deposit (must have Full Deposit)

Checking Account

Savings Account

Partial Deposit

Amount \$ _____

Amount \$ _____

Bank Name	Routing Number	Account Number

The authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with Tri-County Technical College.

Printed Name _____

T-Number _____

Signature _____

Date _____