



Delta College

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name (Print): _____ Employee ID # or SSN: _____

PLEASE SELECT ONE:

Initial Request Change Bank / Account # Add / Delete Secondary Account

DIRECT DEPOSIT ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____ Checking Savings

Full Check Balance Partial Amount: \$ _____

SECONDARY ACCOUNT INFORMATION (OPTIONAL):

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____ Checking Savings

Dollar Amount: \$ _____

REQUIRED VERIFICATION

Please attach a voided check or verification of your routing and account number(s) by your financial institution for each account listed above. This form must also be completed in its entirety. **Failure to do so may cause a delay in receiving your pay.**

AUTHORIZATION

I hereby authorize Delta College and the financial institution(s) listed above to deposit my pay automatically to my account each payday. Adjusting entries to correct errors are also authorized. This authority will remain in effect until Delta College receives written notice from me to cancel or change this authorization.

Employee Signature: _____ Date: _____