



Direct Deposit Authorization Form

Name (please print): _____ Datatel ID Number: _____

I wish to: Enroll Change Bank Information Add New Bank Close Account

Account #1

Bank Name: _____

Bank Transit/Routing Number: _____

Account Number: _____

- Checking - **Attach a voided check or provide documentation from your bank with your routing number and account number**
- Savings – **Attach a letter or documentation from your bank indicating your routing number and account number (not a deposit slip)**
- Entire Net Pay or Partial \$ _____

Account #2

Bank Name: _____

Bank Transit/Routing Number _____

Account Number _____

- Checking - **Attach a voided check or provide documentation from your bank with your routing number and account number**
- Savings – **Attach a letter or documentation from your bank indicating your routing number and account number (not a deposit slip)**
- Partial \$ _____

Authorization Agreement

I hereby authorize Carroll Community College to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I submit a new direct deposit form. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account(s), I authorize my bank(s) to make the appropriate adjustment(s).

Signature _____ Date _____