



Direct Deposit Authorization Form

Legal Name (please print): _____ 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 ☐ Savings

☐ Entire Net Pay or ☐ Partial \$ _____

Account #2

Bank Name: _____

Bank Transit/Routing Number: _____

Account Number: _____

☐ Checking ☐ Savings

☐ Entire Net Pay or ☐ Partial \$ _____

Banking Back-Up Documentation Requirements

You must provide a voided check or documentation from your bank that includes your NAME, ROUTING NUMBER, and ACCOUNT NUMBER (not a deposit slip).

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 _____

DO NOT SUBMIT FORM WITHOUT BANKING BACK-UP DOCUMENTATION LISTED ABOVE