



## Direct Deposit Authorization Form

Legal Name (please print): \_\_\_\_\_ ID Number: \_\_\_\_\_

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

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**Account #1**

Bank Name: \_\_\_\_\_

Bank Transit/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings

Entire Net Pay or  Partial \$ \_\_\_\_\_

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**Account #2**

Bank Name: \_\_\_\_\_

Bank Transit/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings

Partial \$ \_\_\_\_\_ or  Remainder

*If you need your direct deposit split between more than two accounts, please complete an additional form.*

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### 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).**

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#### 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**