

Direct Deposit Authorization Agreement

GADSDEN STATE COMMUNITY COLLEGE

Instructions:

1. Provide all information requested on this form.
2. Confirm that numbers provided are correct.
3. A voided blank check must be attached to this form.
4. Forward this form to the Payroll Office.

I hereby authorize Gadsden State Community College, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, to credit and debit the same entries to such account. **Note: to ensure that your check is deposited into the correct account - notify Payroll if you currently have direct deposit.**

DEPOSITORY NAME: _____

CITY: _____ **STATE:** _____

ACCOUNT NUMBER: _____

BANK TRANSIT NO: _____

This authority is to remain in full force and effect until Gadsden State Community College has received written notification from me on its termination in such time and in such manner as to afford Gadsden State Community College a reasonable time to act on it.

NAME: (print) _____

SSN: _____

SIGNATURE: _____

DATE: _____

ATTACH VOIDED BLANK CHECK

Direct deposit will begin once the Payroll Office has had a reasonable period of time to act on this request.