

Direct Deposit Authorization Agreement

GADSDEN STATE COMMUNITY COLLEGE

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 bank 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.**

BANK NAME: _____

CITY: _____ **STATE:** _____

Account Type: _____ **Checking** _____ **Savings**

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/G#: _____

SIGNATURE: _____

DATE: _____

EMAIL ADDRESS: _____

****All direct deposit stubs will be sent via email****

ATTACH VOIDED BLANK CHECK

OR

Letter from bank verifying the correct routing and account number