

DIRECT PAYROLL DEPOSIT AUTHORIZATION AGREEMENT

(It is Edison's policy to pay by direct deposit ONLY.)

I hereby authorize Edison State Community College to initiate credit entries to my checking or savings account(s) indicated below and the bank named below (The Bank), to credit the same to such account. I further authorize Edison Community College to debit my account as necessary to correct a previous credit made in error, provided that Edison Community College shall provide me with notification of the same. Maximum of (2) two banking institutions allowed for direct deposit of wages.

This authorization is to remain in full force and effect until the Edison Community College Human Resources department has received written notification from me of any change in my current banking status. Edison Community College will require a 30-day notification of any such change affecting this agreement.

Pay may not be received as scheduled if this form is not returned prior to 30 days of first pay date.

Employee Name _____ Employee ID _____

Employee Signature _____ Date _____

Primary Bank Information:

Name of The Bank _____

Please check one: ☐ Checking Account

☐ Savings Account *confirm routing number with bank for savings account deposit

Account Number: _____

Routing – Transit/ABA/Number _____

Secondary Bank Information:

Name of The Bank _____

Please check one: ☐ Checking Account

☐ Savings Account * confirm routing number with bank for savings account deposit

Account Number: _____

Routing – Transit/ABA/Number _____

Amount \$ _____ (must be set amount)

FOR CHECKING ACCOUNTS ATTACH BLANK, VOIDED CHECK(S) HERE.

FOR SAVINGS ACCOUNTS ATTACH DEPOSIT SLIP(S) HERE.

IF NO CHECKS/DEPOSIT SLIPS WERE PROVIDED A FORM PRINTED OFF FROM BANK CONFIRMING ACCOUNT AND ROUTING NUMBERS MUST BE ATTACHED

Entered in Datatel by _____

Date entered _____