



I desire to participate in the colleges Direct Deposit program. I understand that this enrollment form authorizes the college to deposit my payroll check directly to my bank account as specified below.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT:**

\_\_\_\_ Checking Account

\_\_\_\_ Savings Account

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

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

Bank Routing Number: \_\_\_\_\_

**Please attach a copy of a voided check to ensure accuracy.**

**EMPLOYEE DATA: (please print)**

Social Security Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

\_\_\_\_\_