

# AUTHORIZATION FORM

FOR DIRECT DEPOSIT OF EMPLOYEE PAY

## EMPLOYEE INFORMATION

Printed Name: \_\_\_\_\_

BdNCC ID Number: \_\_\_\_\_  
(Please add leading zeros if less than nine digits)

## SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.) An employee may select up to a maximum of six accounts, additional accounts are located on the back of this form.

PLEASE SELECT ONE:       New Enrollment       Account Change      Effective Date: \_\_\_\_\_

### Account #1:

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:       Checking       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_      OR      % \_\_\_\_\_      OR       BALANCE

### Account #2:

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:       Checking       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_      OR      % \_\_\_\_\_      OR       BALANCE

*I authorize Bay de Noc Community College to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Bay de Noc Community College receives written notice from me to cancel or change this authorization.*

\_\_\_\_\_  
Employee Signature      Date

## SECTION B: CANCELLATION

(Complete this section to cancel the Direct Deposit Authorization)      Effective Date: \_\_\_\_\_

I hereby cancel the authorization for Bay de Noc Community college to originate direct deposit entries to my checking/savins account(s).

\_\_\_\_\_  
Employee Signature      Date

**SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION (Continued)**

**Account #3:**

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:     Checking                       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_    **OR**    % \_\_\_\_\_                      **OR**     BALANCE

**Account #4:**

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:     Checking                       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_    **OR**    % \_\_\_\_\_                      **OR**     BALANCE

**Account #5:**

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:     Checking                       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_    **OR**    % \_\_\_\_\_                      **OR**     BALANCE

**Account #6:**

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type:     Checking                       Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_    **OR**    % \_\_\_\_\_                      **OR**     BALANCE

*I authorize Bay de Noc Community College to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Bay de Noc Community College receives written notice from me to cancel or change this authorization.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

