

DUTCHESS
COMMUNITY COLLEGE
DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Use Only:
P/N: _____
DD: _____
Initials: _____
Pay Cycle: _____

DCC ID OR STATE ISSUED ID IS REQUIRED

*****Please attach either a voided check or deposit slip for each bank account*****

Action Requested:

Employee Information:

___ **New Application**
(Fill out form completely)

Name: _____

___ **Change of Current Direct Deposit Information**
(Fill out the form completely indicating how you want your direct deposit set up going forward)

Banner ID#: A _____

OR - Social Security Number (last four digits only) X X X - X X - _____

___ **Discontinue Direct Deposit**
(Use only if you are ending your direct deposit completely)

Date: _____ Phone Number: _____

Bank #1 Information:

Bank Name: _____ Phone Number: _____

ABA Routing Number _____ Account Number: _____

___ Savings Account ___ Checking Account (Check One) Amount to Deposit \$ _____ or Net Check

Bank #2 Information:

Bank Name: _____ Phone Number: _____

ABA Routing Number _____ Account Number: _____

___ Savings Account ___ Checking Account (Check One) Amount to Deposit \$ _____ or Net Check

Bank #3 Information:

Bank Name: _____ Phone Number: _____

ABA Routing Number _____ Account Number: _____

___ Savings Account ___ Checking Account (Check One) Amount to Deposit \$ _____ or Net Check

I authorize Dutchess Community College to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice of termination, or until Dutchess Community College has notified me that this service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. In the event an incorrect amount should be entered in my account, I authorize my bank to make the appropriate adjustment. Due to the Banking System Account Verification Procedures, there will be, at least, a two pay period delay before your Direct Deposit Agreement becomes effective.

Signature: _____ Date: _____

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