

Payroll Use Only:  
EMDP: \_\_\_\_\_  
Email sent: \_\_\_\_\_

# DUTCHESS

## COMMUNITY COLLEGE

### DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Use Only:  
P/N: \_\_\_\_\_  
DD: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Pay Cycle: \_\_\_\_\_

**\*\*\*Please attach either a voided check or bank memo to verify routing and account numbers\*\*\***

**Action Requested:**

**Employee Information:**

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

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

     **Change of Current Direct Deposit Information**

Banner ID#: A \_\_\_\_\_

(Fill out the form completely indicating how you want your direct deposit set up going forward)

**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 No.: \_\_\_\_\_ Cell: \_\_\_\_\_

DCC email address: \_\_\_\_\_

Paystub will be emailed to DCC email address. *Password to open file will be the first four letters of your last name, followed by the first four numbers of your social security number.*

**Bank #1 Information:**

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ABA Routing Number \_\_\_\_\_ Account Number: \_\_\_\_\_

     Savings Account         Checking Account (Check One)    Amount to Deposit \$ \_\_\_\_\_ .00 or  Net Check

**Optional Bank #2 Information:**

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ABA Routing Number \_\_\_\_\_ Account Number: \_\_\_\_\_

     Savings Account         Checking Account (Check One)    Amount to Deposit \$ \_\_\_\_\_ .00 or  Net Check

A **photo ID** is required to start or change a direct deposit setup. This is for the employee's protection.

ID Verified \_\_\_\_\_ (office use only)

Please attach either a **voided check or a bank memo** in order to verify account and routing numbers. Often, this can be obtained from the website of the financial institution. A routing number will always be 9 digits. This identifies the financial institution. Verification of all routing and account numbers is required for each account.

I authorize Dutchess Community College to deposit my paycheck each payday directly into the account 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: \_\_\_\_\_