

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.

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: _____