



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I authorize Danville Area Community College (DACC) and the financial institution listed below to initiate Direct Deposit of Payroll credit entries and necessary debit entries for adjustments to my:

Please note: there is a maximum of two Financial Institutions and/or account numbers

Financial Institution: _____

City: _____ State: _____

| Checking Account | Savings Account | Amount to Deposit* | Transit Routing Number | Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------|---|----------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <i>(Select only one savings / checking account per line)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | \$ | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | *Remaining Amount | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | |
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Financial Institution: _____

City: _____ State: _____

| Checking Account | Savings Account | Amount to Deposit* | Transit Routing Number | Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------|---|----------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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This authority is to remain in full force until DACC has received written notification from me to terminate this authorization in such time as to allow DACC and the Financial Institution a reasonable opportunity to act on it.

Name: _____ Colleague ID number _____

Signature: _____ Date: _____

If available, please attach a voided check or deposit slip.

Note: The first payroll after signing up for direct deposit will be a test. Zero dollars will be sent to your financial institution to make sure that the electronic process is correct.

Please return this form to the Controller in the Business Office for processing.