



Direct Deposit Authorization

Please fill out this form and submit it to the Human Resources Office.
Direct Deposit is required by all employees as stated in MOP 6.016.

☐ **New Enrollment**

☐ **Change**

Name: _____ A#: _____

(Form must have A# or it will be returned)

Important! Please read and sign before completing and submitting.

I hereby authorize Gulf Coast State College to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (hereafter known as Bank) indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by Gulf Coast State College to my accounts. In the event that Gulf Coast State College deposits funds erroneously into my account, I authorize Gulf Coast State College to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Gulf Coast State College and Bank have received written notice from me of its termination in such time and in such manner as to afford Gulf Coast State College and Bank reasonable opportunity to act on it.

Signature: _____ Date: _____

NOTE: Attach a voided check (not a deposit slip) to this form for each account indicated. If depositing to a savings account, ask your bank for the routing and transit number because it may be different than what is printed on the deposit slip.

It will take two payroll cycles for your check to direct deposit.

1ST Cycle - Bank is notified of your intent to enroll in direct deposit (known as Pre-note).

2ND Cycle - Your check is direct deposited into your account(s).

Checking ☐ **Savings** ☐

1. Bank Name: _____ City, State: _____

Routing/Transit #: _____ Accounting #: _____

I wish to deposit \$ _____ or ☐ Entire Amount

Checking ☐ **Savings** ☐

2. Bank Name: _____ City, State: _____

Routing/Transit #: _____ Accounting #: _____

I wish to deposit \$ _____ or ☐ Entire Amount

