



Seminole Community College

Direct Deposit Authorization Agreement

PLEASE TYPE OR PRINT

Employee Name _____ SCC ID _____

Phone Number _____

I would like to:

- START** a new direct deposit (you can have up to three see Note 1 below)
- CHANGE** an existing direct deposit (see Note 2 below)
- CANCEL** an existing direct deposit (**allow one full pay period before closing your bank account**)

Priority #1 (check one) Checking Account Savings Account Amount** _____
 Account Number _____ ABA Num. _____
 Financial Institution Name _____

Priority #2 (check one) Checking Account Savings Account Amount** _____
 Account Number _____ ABA Num. _____
 Financial Institution Name _____

Priority #3 (check one) Checking Account Savings Account Amount** _____
 Account Number _____ ABA Num. _____
 Financial Institution Name _____

**Enter "Net Pay", in the amount field, if you want the balance of your check deposited into this account. Enter the "Dollar Amount", in the amount field, if you want part of your pay to be deposited into another account. It is required to have one account designated as "Net Pay".

I hereby authorize and request Seminole Community College (Tax ID Number:59-1210158) to initiate credit entries, if necessary, debit entries and adjustments for any credit entries in error, to my account at the financial institution named. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to Seminole Community College to allow adequate time to effect termination of the direct deposit. This includes my agreement to pay bank services fees for a rejected direct deposit to my account which results from my failure to notify Seminole Community College, in a timely manner, that the account indicated above has been closed.

Signature _____ Date _____

Note 1: For a new direct deposit, it may take up to two pay periods for the direct deposit to process to your account. A check will be issued for the first pay period and possibly the second pay period.

Note 2: When you make a change to your account number or your ABA (routing #), your net pay may be a check on the pay period following the change. The second net pay you receive after making the change will be direct deposited.

ATTACH YOUR VOIDED CHECK BELOW

Return completed form to:
Payroll Services
Room A100R
100 Weldon Boulevard
Sanford, Florida 32773

SAMPLE

_____ 20 _____ **906**

PAY TO THE ORDER OF _____ \$ _____
 _____ Dollars

VOID

FOR _____

! ABA NUMBER ! ACCOUNT NUMBER !