

**SALT LAKE COMMUNITY COLLEGE
PAYROLL/ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION FORM**

For deposits into a checking account, YOU MUST ATTACH a "VOID" check. For deposits into a savings account, YOU MUST ATTACH a letter from the financial institution with the bank routing number and your account number. We CANNOT accept deposit slips.

Print Name: _____ Employee S# or SSN: _____

Check one of the following:

- New: Deposit my pay and/or reimbursements to the financial institution and account(s) shown below. I am not currently participating in the direct deposit plan.
- Change: Please change my direct deposit from _____ (current financial institution) to the financial institution and account shown below.
- Cancel: Please stop my participation in the program. My check will be mailed to my address on file.

Payroll			
Name of Financial Institution (1st Acct)		Check one:	
Routing Number		Checking	<input type="checkbox"/>
Account Number		Savings	<input type="checkbox"/>
% or \$ amount to this account			
(Optional- USE ONLY IF NOT 100% IN 1st ACCOUNT)			
Name of Financial Institution (2nd Acct)		Check one:	
Routing Number		Checking	<input type="checkbox"/>
Account Number		Savings	<input type="checkbox"/>
% or \$ amount to this account			
Name of Financial Institution (3rd Acct)		Check one:	
Routing Number		Checking	<input type="checkbox"/>
Account Number		Savings	<input type="checkbox"/>
% or \$ amount to this account			
Accounts Payable - One Account Only Same as Payroll <input type="checkbox"/>			
Name of Financial Institution		Check one:	
Routing Number		Checking	<input type="checkbox"/>
Account Number		Savings	<input type="checkbox"/>
% or \$ amount to this account	100%		

I hereby authorize Salt Lake Community College and the financial institution (s) shown on this form to deposit my net pay and/or my reimbursements directly to my account and to initiate, if necessary, debit entries and adjustments for any SLCC deposit entry made in error to my account. This authority will remain in effect until I file a new authorization form. It is my responsibility to turn in correct information and to read this entire form.

Employee Signature: _____ **Date:** _____

Remittance notification: You will receive an email sent to your Bruinmail or Outlook account each payroll or reimbursement with an attached .pdf.