

Direct Deposit Authorization Form

Important! Please read and sign before completing and submitting.

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. This authority will remain in effect until I file a new authorization form of its termination in such time and in such manner as to afford the College and the Bank reasonable opportunity to act on it. It is my responsibility to turn in correct information and to read this entire form.

Employee Signature: _____ Date: _____

Employee Information (all fields are required)

Employee Name: _____ SID #: _____

- ☐ New Direct Deposit
- ☐ Replace Existing Direct Deposit
- ☐ Add Account to Existing Direct Deposit

Instructions: _____

- You will receive an email notification each payroll with an attached .pdf of your paystub.

Bank/Credit Union Account Information

Please indicate what kind of account, along with the amount or percentage to be deposited, if less than 100% of net amount.

The first account listed on this form should have 100% of net amount checked to allow the remaining amount owed to be deposited in the account specified.

Bank Name: _____

Routing #: _____ Account #: _____

(The account number is **NOT** your debit or credit card number)

☐ Checking ☐ Savings I wish to deposit ☐ \$ _____ ☐ _____ % of Net Amount ☐ 100% of Net Amount

Optional Account 1

Bank Name: _____

Routing #: _____ Account #: _____

(The account number is **NOT** your debit or credit card number)

☐ Checking ☐ Savings I wish to deposit ☐ \$ _____ ☐ _____ % of Net Amount ☐ 100% of Net Amount

Optional Account 2

Bank Name: _____

Routing #: _____ Account #: _____

(The account number is **NOT** your debit or credit card number)

☐ Checking ☐ Savings I wish to deposit ☐ \$ _____ ☐ _____ % of Net Amount ☐ 100% of Net Amount

Payroll Office Use Only: Entered by: _____

Verified by: _____

Input Date: _____