

**SALT LAKE COMMUNITY COLLEGE  
ACCOUNTS PAYABLE EMPLOYEE DIRECT DEPOSIT AUTHORIZATION  
FORM**

Name: \_\_\_\_\_

S# \_\_\_\_\_

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.

Same as Payroll

Name of Financial Institution		<b>Check one:</b>	
Routing Number		Checking	<input type="checkbox"/>
Account Number		Savings	<input type="checkbox"/>

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 Outlook account each reimbursement with an attached pdf.