



SCHOOLCRAFT COLLEGE

ACCOUNTS PAYABLE

AUTHORIZATION



Please Print or Type

Type of application (Select One Only)

- NEW:** Complete step 1 or step 2, then step 3 and forward this form to the Accounts Payable Department. Allow at least two weeks before your first Accounts Payable direct deposit. Your direct deposit is in effect when you receive a direct deposit advice rather than a check for your reimbursements. The message "Reimb Exp" will appear on you bank statement. Your expense reimbursement information is included in the remittance portion of your advice.
- CHANGE:** When changing your financial institution, Account Number or type of account, you must complete a new application. Complete step 1 or step 2 with all updated information, then step 3 and forward this form to the Accounts Payable Department. Your direct deposit may be suspended and an accounts payable check issued while the change is being verified.
- CANCELLATION:** Complete step 3 and forward this form to the Accounts Payable Department. A cancellation should take effect within two weeks.

Name (Last, First, MI)

Social Security Number

1. Attach a voided check or deposit ticket below or complete step 2. Then complete step 3.

Write VOID on an unused check or deposit ticket and attach here, or go to step 2.

Note: The sample check to the right shows where your Routing Transit Number and Account Number may be found on your personal check or deposit ticket.

<i>Jane A. Doe</i>		No. 2898
<i>1000 Main St.</i>		
<i>Anywhere, USA 10001</i>		Date _____
PAY TO THE		
ORDER OF _____		
_____ DOLLARS		
MEMO _____		
:072000326:	302032178	2898

Routing Transit Number
(Enter on line 2B)

Account Number
(Enter on line 2C)

2. Complete only if you do not attach a voided check or deposit ticket above. If you are unsure of your correct Routing Transit Number or Account Number, contact your financial institution.

A. Name of Financial Institution

B. Routing Transit Number
Must be nine digits.

C. Account Number – The Account Number can be up to 17 characters. Omit hyphens, spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

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3. Enter your type of account below, then sign the bottom of the form and return it to the Accounts Payable Department.

(Select 1 only)

Checking

Savings

I authorize Schoolcraft College to deposit reimbursements owed me by Schoolcraft College, by direct deposit (electronic funds transfer) into the designated financial institution and Account Number. I understand this authorization remains in effect until cancelled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; (d) Schoolcraft College or (e) upon separation.

I authorize Schoolcraft College to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments. I understand I will be notified in writing by Schoolcraft College if adjustments are being made.

Michigan law governs electronic funds transactions in all respects except as otherwise superseded by federal law. I understand that I will be notified if any rule changes are made that affect me. I have kept a copy of this authorization.

Employee Signature	Date	Work Phone
		Home Phone