

Butler Community College

Direct Deposit Authorization

Check Appropriate Box:

☐

New Enrollment

Complete the entire form and sign and date. Be sure to ATTACH a voided check(s) or verification from your financial institution.

☐

Change

Complete the entire form and sign and date. If adding or changing to a new account, be sure to ATTACH a voided check(s) or verification from your financial institution.

☐

Cancel

Sign and date form.

Account Information:

Primary Account: (_____%)

☐

Checking

☐

Savings

Secondary Account: (_____%)

☐

Checking

☐

Savings

Financial Institution/Branch

Financial Institution/Branch

Account Number

Account Number

City, State

City, State

I, the undersigned, authorize and request Butler Community College to have my salary deposited directly to my checking or savings account(s) as indicated above. I authorize and I agree that my financial institution is not responsible for the correctness of any direct deposits to my account(s) by Butler Community College and shall not hold it liable for crediting my account(s) accordingly.

I also authorize the Financial Institution indicated above, hereinafter called Financial Institution, to credit the same to such account(s). Should an over deposit be made, the Financial Institution is authorized to debit such account(s) and return to Butler Community College the amount of such overage.

This authority is to remain in full effect until Butler Community College has received written notification from me of its termination in such time and manner as to afford Butler Community College and Financial Institution a reasonable opportunity to act on it. Termination of employment also voids this agreement.

Employee Name (Print)

Social Security Number or Employee ID

Employee Signature

Date