

NCMC DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize North Central Missouri College, hereinafter called COMPANY, to initiate credit entries to my (our) account(s) indicated below and the financial institution(s) named below, hereinafter called DEPOSITORY, to credit the same to such account(s). This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name	
Employee SSN	
Financial Institution Name	
Financial Institution Telephone	
Financial Institution Address	
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Signature _____ Date _____ </div>	

Check one: ADD – Deposit my wages to the account(s) shown. Change – Change financial institution and/or account number.

CHECKING ACCOUNT NUMBER	ROUTING NUMBER/ABA#	AMOUNT TO DEPOSIT

PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT

SAVINGS ACCOUNT NUMBER	ROUTING NUMBER/ABA#	AMOUNT TO DEPOSIT

CHRISTMAS CLUB ACCOUNT NUMBER	ROUTING NUMBER/ABA#	AMOUNT TO DEPOSIT

Due to the time required for processing, please allow one or two pay periods before expecting a direct deposit. You will receive your compensation in check form until all account numbers have been verified.

PAYROLL OFFICE

DATE RECEIVED ____/____/____

DATE ENTERED ____/____/____