## DYERSBURG STATE COMMUNITY COLLEGE DIRECT DEPOSIT

## ACH Payment Enrollment Authorization

<b>PRIVACY ACT STATEMENT</b> The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.			
Check one:	Check one:		
Faculty/Staff	Direct Deposit for the first t	ime	
Student Vendor	Direct Deposit change		
FACULTY/STAFF, STUDENT O	R VENDOR INFORM	ATION	
Student or Employee ID #			
Name:			
Address:			
Contact Person Name (if other than payee)	Telephone Number: ()		
Email Address: (official DSCC email address will be used for faculty/staff and students)			
Depository Name:Address: Telephone Number: () 9 Digit Routing Number:			_
Depositor Account Number:			
	SAVINGS		
I certify that the information provided on this form is correct. I authorize Dy institution designated above and to initiate, if necessary, debit entries and adju to all payments issued to the above-named payee by Dyersburg State Commu Community College receives written notification from me/us of its terminatic opportunity to act on it.	stments for any credit entries in error. Inity College under the designated TIN	This authori or SSN until	zation is applicable Dyersburg
SIGNATURE:	DATE:		
***Please attach a voided check and complete, SIGN AND DATE IN INK and return this form to:***			
<b>Dyersburg State Community College</b>			
Attn: Payroll	Entered		
1510 Lake Road Dyersburg, TN 38024	Entered	Initials	D ate
	Verified		

Initials

Date