

Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

\* Staple this form to a **VOIDED CHECK** or a form from the bank with accounting and routing numbers for the indicated account(s).

\* Don't forget to **sign and date** the lower portion of this form.

I hereby authorize San Juan College and the financial institution(s) listed below to electronically deposit my paycheck to the specified checking and/or savings account(s) each payday.

You may designate a portion of your net pay to be deposited into more than one bank.

If monies to which I am not entitled are deposited in my account, I authorize San Juan College to direct the financial institution to return said monies. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with San Juan College.

Bank Name \_\_\_\_\_ Amount \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 \*Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(ABA Number) \*Nine digit number that appears on the bottom of a check or bank account card

Type of Account     Checking     Savings

Bank Name \_\_\_\_\_ Amount \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 \*Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(ABA Number) \*Nine digit number that appears on the bottom of a check or bank account card

Type of Account     Checking     Savings

Bank Name \_\_\_\_\_ Amount \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 \*Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(ABA Number) \*Nine digit number that appears on the bottom of a check or bank account card

Type of Account     Checking     Savings

Signature \_\_\_\_\_

Date \_\_\_\_\_

|              |  |
|--------------|--|
| Group Code   |  |
| Date Entered |  |
| Entered By   |  |