



Direct Deposit Authorization

This form is used to set up, make changes or cancel direct deposit information.

A separate form must be completed for each direct deposit distribution.

Select one: New setup Change Cancellation

Select one: Checking Savings

Select one: Net check Partial amount -- please specify amount \$ _____

Bank/Institution Name: _____ **Phone #:** _____

Routing Number:

Account Number:

Employee's Name: _____ **Employee's I.D.:** _____

Employment Classification: ADM BD MEM CHD CLS FAC STM STU

Once this form is processed, your Routing and Account Numbers are verified with your financial institution on the next payroll cycle. If there is a problem you will be contacted by a payroll staff member; otherwise, your automatic deposit will begin on the payroll following verification.

Employee's Signature: _____ Date: _____

I hereby authorize Palomar College to deposit my net pay or a fixed amount each payday directly to my financial institution account as indicated. This authorization will remain in effect until Palomar College receives written notification from me to change or terminate. I further authorize the reversal of deposits made to my account in error.

Attach here a void check for checking, or a deposit slip for savings.