

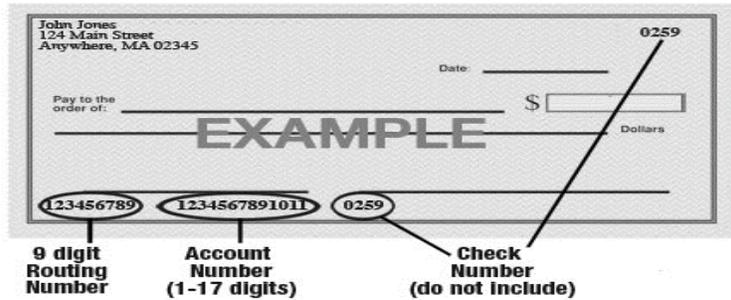


Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Banner/Employee #: _____ Phone Number: _____



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (Check One)

Primary Account: Entire Paycheck

Secondary Account: \$ _____ or _____%

A VOIDED CHECK OR LETTER FROM THE BANK MUST BE ATTACHED TO THIS FORM

I hereby authorize Suffolk County Community College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the above account. This authorization is to remain in effect until the College has received written notification from me of its termination in such time and in such manner as to afford the College and the Depository a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Return the completed form to:
Suffolk County Community College
Payroll Department
533 College Road, NFL Building
Selden, NY 11784
Or Fax to (631) 451-4615