



MOTLOW COLLEGE

My Motlow. My Future.

Authorization Agreement for Direct Deposit

NEW Request

CHANGE of information

CANCELLATION of a prior request

Employee ID: _____ Employee Name: _____

College Email Address (REQUIRED): _____ Date: _____
(Please Print - This is required for electronic notification of payment to your bank account.)

Employee is responsible for notifying Motlow State Community College of any changes.

PAYROLL PRIMARY ACCOUNT

Mark only one: Checking Savings

Financial Institution Name

City, State

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Transit Routing Number (9 digits)

Account Number

CHECK HERE TO USE THE PAYROLL PRIMARY ACCOUNT FOR NON-PAYROLL PAYMENTS AS WELL

PAYROLL SECONDARY ACCOUNT (OPTIONAL)

\$ _____
Fixed Amount

Mark only one: Checking Savings

Financial Institution Name

City, State

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Transit Routing Number (9 digits)

Account Number

NON-PAYROLL ACCOUNT (Travel, etc.)

Mark only one: Checking Savings

(COMPLETE ONLY IF DIFFERENT THAN THE PAYROLL PRIMARY ACCOUNT ABOVE)

Financial Institution Name

City, State

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Transit Routing Number (9 digits)

Account Number

Authorization Agreement and Signature

I hereby authorize and request Motlow State Community College to deposit wage payments and miscellaneous reimbursements automatically to my account at the financial institution named above. I understand this agreement will remain in effect until withdrawn by written notification to Motlow State. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment or erroneous deposit.

I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Motlow State Community College immediately.

**This testament is being made as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense.*

A voided check for the checking account listed above and/or a preprinted deposit slip for the savings account listed above are (is) attached for verification purposes.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Payroll Entered By

Date

AP Entered By

Date Verified by AP