ORANGE COUNTY COMMUNITY COLLEGE
DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Orange County Community College to deposit my net pay automatically to my account specified below each pay date by initiating credit entries to my account electronically or by any other commercially accepted method. I further authorize the financial institution names below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize Orange County Community College to direct the financial institution to return said funds to the correct account. I authorize the financial institution to debit the same to my account. This authority will remain in effect until Orange County Community College has received written notice from me.

SECTION 1: TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____   **LAST FOUR OF SOC SEC #:** _____

ACCOUNT TYPE: **CHECKING** ☐   **SAVINGS** ☐
(CHECK ONE ONLY)   ATTACH A VOIDED CHECK   ATTACH A PREPRINTED DEPOSIT SLIP
                     OR OFFICIAL BANK FORM   OR OFFICIAL BANK FORM

** IF HUDSON HERITAGE CREDIT UNION, ALSO ATTACH 'START OR CHANGE DIRECT DEPOSIT' CARD**

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____

AMOUNT TO DEPOSIT:

FULL NET _____   **PARTIAL OF NET** _____   **% OF NET** _____

ELECTRONIC PAY STATEMENT INSTRUCTIONS ON REVERSE SIDE

PLEASE NOTE: Per bank procedure, approval for Direct Deposits requires that the first payroll subsequent to this application produce a PAPER CHECK with the second payroll subsequent to this application initiating the DIRECT DEPOSIT.

SIGNATURE: _____   **DATE:** _____

SECTION 2: COMPLETED BY PAYROLL DEPARTMENT:

PROCESSED BY: _____   **DATE:** _____

PRENOTE DATE: _____   **DIRECT DEPOSIT DATE:** _____

Step 1 – Before you register, help us find you in our records.

Enter Registration Code   Call Payroll Office for Code   Go
                                 (Ext: 4916, 4917, 4919 or 4923)

Step 2 – Before you register, help us find you in our records.

Enter First Name

Enter Last Name

Enter Social Security Number

Re-enter Social Security Number   Confirm

Step 3 – Register for ADP Services

Enter Your Contact Information

Enter Your Work Email Address and/or Your Personal Email Address

Select which one you prefer for notification

Personal Mobile – optional

View your user ID and create a password

Enter Password   (more than 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive.)

Re-enter Password

In case you forget your user ID or password

Select Question 1

Enter Your answer

Select Question 2

Enter the Answer

Select Question 3

Enter the Answer   Register Now

Step 4 – Your registration for ADP services is complete

Activate your email and or mobile phone

ADP has sent you a confirmation message

Respond to the message within 24 hours so we can activate your contact information
Did not receive a confirmation message?
Contact your organization's administrator for assistance.