

# ORANGE COUNTY COMMUNITY COLLEGE

## PAY CARD AUTHORIZATION FORM

I authorize Orange County Community College to deposit my net pay automatically to a Key Bank Pay Card account each pay date by initiating credit entries to my account electronically or by any other commercially accepted method. If funds to which I am not entitled are deposited to my account, I authorize Orange County Community College to direct Key Bank to return said funds. This authority will remain in effect until Orange County Community College has received written notice from me.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYEE SIGNATURE

DATE

### ELECTRONIC PAY STATEMENT INSTRUCTIONS ON REVERSE SIDE

**PLEASE NOTE:** Per bank procedure, pay card processing (seven business days) requires that the first payroll subsequent to this application produce a PAPER CHECK with the second payroll subsequent to this application initiating the PAY CARD.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY PAYROLL OFFICE

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

1<sup>st</sup> PAYDATE FOLLOWING APPLICATION : \_\_\_\_\_ PAY CARD DATE: \_\_\_\_\_