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:
(CHECK ONE ONLY)

CHECKING ☐
ATTACH A VOIDED CHECK
OR OFFICIAL BANK FORM

SAVINGS ☐
ATTACH A PREPRINTED DEPOSIT SLIP
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:** _____