

Employee Direct Deposit/Debit Card Authorization

SEE INSTRUCTIONS ON REVERSE SIDE

_____ EMPLOYEE NAME (Please Print)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> EMPLOYEE ID NUMBER									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> DATE								

Account Number 1

_____ NAME OF FINANCIAL INSTITUTION	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel																											
_____ CITY	_____ STATE																											
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Please verify the routing number and account number with your financial institution prior to completing this form.

Account Number 2 (if required)

_____ NAME OF FINANCIAL INSTITUTION	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel																											
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Please verify the routing number and account number with your financial institution prior to completing this form.

I authorize Macomb Community College and the financial institution(s) listed above to deposit my pay automatically each payday. Adjusting entries to correct errors are also authorized. This authorization will be in effect until cancelled by me.

_____ SIGNATURE	_____ DATE
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Please use an additional form for more than two accounts.

**Instructions for Completing the
Employee Direct Deposit Authorization Form**

1. Enter your name, employee ID number and today's date
2.
 - a. Enter the complete name of the financial institution
 - b. Enter the city and state of the financial institution
 - c. Check the **NEW** box for your initial direct deposit request
Check the **CHANGE** box to modify your current direct deposit
Check the **CANCEL** box to discontinue your direct deposit
3. Enter the type of account: select either checking, savings, or debit card.
4. Enter the routing number
5. Enter your account number. Please verify the routing number and the account number with your financial institution.
6. Enter the amount to be deposited.
If you want the entire net pay deposited, enter "NET".
7. Sign and date the form
8. Return this form **in person** with valid identification via either:
 - South Campus Cashier's office SG324
 - Center Campus Cashier's office CG131
 - Payroll Office located at Macomb Administrative Center, CS307
 - Emailed or faxed forms are not accepted

Note: There is a one pay period delay in implementing your request for direct deposit. The first pay period is used as a test to insure the deposit will go to the correct account.

Questions: Contact the payroll office at 586-498-4175 or
586-498-4174