



DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

NAME _____ COLLEAGUE I.D./SOCIAL SECURITY # _____

DEPARTMENT _____

I hereby authorize Southwestern Community College District to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, debit corrections to previous deposits, to the following account(s).

I understand:

- Direct deposit status is not activated until my regular payroll cycle following a \$0 test transaction (approx. 30 days)
- I must submit a new authorization form if close/change my account (name, branch, etc.); failure to do so may result in a deposit delay.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s) including dates and amounts of any such deposit(s).

I agree to hold harmless and indemnify the District and their officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of the District and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.

Signature: _____ Date: _____

**IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.
IF DEPOSITING TO A SAVINGS ACCOUNT, FINANCIAL INSTITUTION PROVIDES TRANSING ROUTING NUMBER.**

DEPOSIT INSTRUCTIONS: NEW ACH SET UP ACH AMOUNT CHANGE ACH CANCELLATION

Name of Financial Institution _____

Address of Financial Institution _____

Financial Institution Transit Routing No. _____

CHECKING

NET CHECK, or

\$ _____

CHECKING ACCOUNT NUMBER

SAVINGS

NET CHECK, or

\$ _____

SAVINGS ACCOUNT NUMBER

ATTACH VOIDED BLANK CHECK HERE

Jane Doe
1000 Main St.
Anywhere, U.S.A. 10001

_____ 20_____

PAY TO THE
ORDER OF _____
