



Collin County Community College District AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (we) _____, CWID _____ hereby authorize Collin County Community College District (Collin College) to initiate deposits, and if necessary, any adjustments for any entries in error to my (our) bank account in the name(s) listed below and the depository (bank name) listed below.

This authorization shall remain in effect until receipt of written notification from me or termination of employment.

Name (Names if joint account) **(Please print)** _____ Date _____

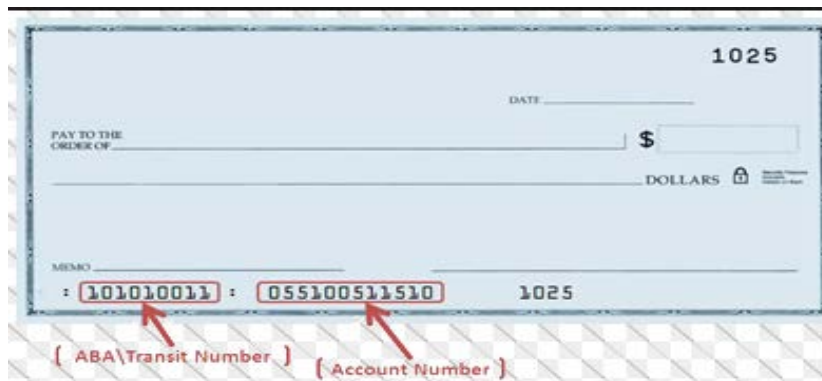
Signed X _____ Signed X _____

- **New employees' first pay check will be a Direct Deposit if Payroll receives the form by the 15th of the month, if not it will be a paper check that will be mailed to your home address in the system.**
- **Current employees, if you are adding an account, the account will need to prenote, so the change will be effective in the next month's pay cycle after paperwork is received in payroll.**
- **You may designate amounts to be applied to the additional accounts (up to 2 additional accounts). The balance of employee's paycheck will be deposited to the primary account.**

Bank Name - Primary Account (REQUIRED)	ABA Routing No.	Account No.	Checking √	Savings √

Bank Name Additional Accounts (OPTIONAL)	ABA Routing No.	Account No.	Checking √	Savings √	\$ Amount
					\$
					\$

Documentation needed: Please attach your bank verification page of the Transit/ABA number and the Account number or attach a voided blank check for checking or deposit slip for savings.



Return this completed form to the Payroll office at the CHEC building in McKinney. Please notify Payroll immediately of any changes to your account information that may impact your direct deposit.