



Martin Community College

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Martin Community College to initiate automatic deposits to my account at the financial institution named below. I also authorize Martin Community College to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Martin Community College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Martin Community College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the HR Department.

Attach a Voided Check or Valid Bank Documentation (Optional)

Employee Contact Information

Employee Name		Hiring Department	
Colleague ID# or Social Security No.		Hiring Supervisor	
Home Telephone Number		Business Telephone Number	Cell Phone Number

Account Information (1)

Name of Financial Institution:			
Account Number:		Enter amount for deposit to this account or check "ALL" if entire check is to be deposited	"ALL" <input type="checkbox"/>
Routing Number: 8-9 digits to the left of the colon			\$
		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Account Information (2)

Name of Financial Institution:			
Account Number:		Enter Amount for deposit to this account or check "Remainder" if the remaining balance is to be deposited	Remainder <input type="checkbox"/>
Routing Number: 8-9 digits to the left of the colon			\$
		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Signature

Authorized Signature _____

Date: _____

Please return this form to the HR Dept. If you have questions, please call 252-789-0224. The effective date will be the first available payroll following the dated employee signature contained hereon.