

# GRCC Direct Deposit Authorization Form

Employee's Name (print): \_\_\_\_\_ Employee's ID Number: \_\_\_\_\_

This authorization replaces any previous direct deposit authorizations and will remain in effect until I have canceled in writing or until my employment is terminated.

## GRCC requires direct deposit.

You may choose a direct deposit to any two financial institutions or pay card.

### Direct Deposit Account Information

1) Name of Financial Institution: \_\_\_\_\_

Routing and Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking Savings

Amount: Full Check Balance Partial Amount: \_\_\_\_\_

2) Name of Financial Institution: \_\_\_\_\_

Routing and Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking Savings

Amount: Full Check Balance Partial Amount: \_\_\_\_\_

### Pay Card Information

Name of Financial Institution: \_\_\_\_\_

Routing and Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking Savings

### Important Information

Please attach a voided check (for checking accounts only) or verification from your financial institution of the routing and account numbers for each account. **Failure to do so may cause a delay in receiving your pay.**

I hereby authorize Grand Rapids Community College to deposit all pay related payments due to me into the Financial Institution(s) named above. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_