BUTLER COUNTY COMMUNITY COLLEGE DIRECT DEPOSIT(S) AUTHORIZATION

I hereby authorize <u>Butler County Community College</u> (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event the COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the credit.

<u>Please Note</u>: Upon receiving the Authorization Agreement for Automatic Deposits, the Human Resources Office will enter your direct deposit information with your next pay and your direct deposit will be effective with your following pay. We need one pay period to verify your direct deposit information. You will receive an actual paycheck that you will need to cash or deposit.

You have the option of depositing your check into one, two, or three accounts. If you select depositing your funds into a checking account, please attach a "voided" check.

Employee's Bank Account Number(s):

	Bank Transit ABA Number	Account Number	Specified Amount	Full Deposit	
Checking					
Bank Name		Bank Telephone #:			_
Bank Address					
	Bank Transit ABA Number	Account Number	Specified Amount	Full Deposit	
Savings					
Bank Name		Bank Telephone #:			
Bank Address					
Other	Bank Transit ABA Number	Account Number	Specified Amount	Full Deposit	
Please specify typ	be of account:				
Bank Name		Bar	Bank Telephone #:		
Bank Address					
		ce and effect until COMPAI uch manner as to afford CO			
Please Print Emp	loyee's Name				
Employee's Socia	al Security Number				
Telephone Numb	er				
Employee's Signa	ature				
Date					
Office Use Only	******			Data	