

AUTHORIZATION FOR DIRECT DEPOSIT
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

This form is used to initiate or change direct deposit.

INITIATE

CHANGE

I hereby authorize the Dallas County Community College District to credit my checking or savings account(s) indicated below. In the event of overpayment to my account(s), I grant the District the right to make the appropriate adjusting debit entry to my account(s). The District will provide notification of adjustment(s).

I understand that:

This authority is to remain in full effect until the District has received written notification from me of its change or termination so that the District and the Depository have a reasonable opportunity to act on it.

The District is not responsible for Bank insufficient fund (NSF) charges incurred arising from failure to credit deposits to my account(s).

My statement of earnings will be available electronically.

COMPLETE TO INITIATE OR CHANGE (ATTACH A COPY OF VOIDED CHECK)

This form SUPERSEDES any previous instructions; therefore, all accounts must be included on a change form.

PRIMARY (Total pay less subsidiary)	<input type="checkbox"/> CHECKING/ PAYCARD	<input type="checkbox"/> SAVINGS
DEPOSITORY NAME _____	CITY _____	STATE _____
TRANSIT/ABA NUMBER _____	ACCOUNT NUMBER _____	

SUBSIDIARY 1 Amount \$ _____	<input type="checkbox"/> CHECKING/ PAYCARD	<input type="checkbox"/> SAVINGS
DEPOSITORY NAME _____	CITY _____	STATE _____
TRANSIT/ABA NUMBER _____	ACCOUNT NUMBER _____	

SUBSIDIARY 2 Amount \$ _____	<input type="checkbox"/> CHECKING/ PAYCARD	<input type="checkbox"/> SAVINGS
DEPOSITORY NAME _____	CITY _____	STATE _____
TRANSIT/ABA NUMBER _____	ACCOUNT NUMBER _____	

EMPLOYEE INFORMATION

NAME (Print or Type) _____		SOCIAL SECURITY or EMPLOYEE ID NUMBER _____		
ADDRESS (Number, Street and Apartment Number) _____		E-MAIL ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____	HOME TELEPHONE _____	LOCATION TELEPHONE _____

SIGNATURE / DATE _____

HR / PAYROLL USE ONLY

INPUT BY/ DATE: _____	EFFECTIVE DATE: _____
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