

Employee Authorization for Electronic Direct Deposit of Payroll Wages



New direct deposit Change an existing direct deposit Cancellation of direct deposit

I authorize Bitterroot Valley Community College to deposit my wages to my account(s) indicated below and I authorized the depository(ies) below to accept my payroll deposit and credit the amount(s) to my account(s).

Employee Name _____

BVCC ID No. or SSN _____

Financial Institution 1

Account Type: Checking Savings

Deposit Amount: Entire Percentage ___% Specified Amount \$ _____

Financial Institution Name _____

City _____ State _____

FRB Routing Number _____ Account Number _____

Financial Institution 2

Account Type: Checking Savings

Deposit Amount: Entire Percentage ___% Specified Amount \$ _____

Financial Institution Name _____

City _____ State _____

FRB Routing Number _____ Account Number _____

This authority is to remain in effect until Bitterroot Valley Community College receives written notification from me to cancel or, after a period of time, upon termination of employment.

Signature _____ Date _____

Personal Phone _____

If available, attach VOID check(s)

- *Your pay will continue to be issued via check until routing and account numbers from your authorization form have been verified by your financial institution.*
- *Contact your financial institution to verify funds have deposited. Bitterroot Valley Community College is not responsible for charges due to insufficient funds.*
- *Return form to Bitterroot Valley Community College Human Resource Office. For your security, please do not send this form via email.*