



Collin County Community College District

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (we) _____ hereby authorize Collin County Community College District (Collin College) to initiate deposits, and if necessary, any adjustments for any entries in error to my (our) bank account in the name(s) listed below and the depository (bank name) listed below.

PLEASE PRINT AND COMPLETE ALL BLANKS

_____		_____	
Employee Name		Employee SS#	
_____		_____	
Bank Name		Bank Phone #	
_____	_____	_____	
City	State	Zip Code	

NOTE: Your first paycheck will not be direct deposited; it is processed as a trial only for bank verification of account information. Your first check will be mailed to you or you can pick it up in the payroll department at the CHEC building in McKinney, if you ask us to hold it. Please notify Payroll immediately of any changes to your account information.

_____	_____	_____
Transit/ABA Number	Account Number	_____ Checking
<i>(1st set of numbers at bottom)</i>	<i>(2nd set of numbers at bottom)</i>	_____ Savings

Please contact your bank for verification of the Transit/ABA number and the Account number or attach a voided blank check for checking or deposit slip for savings.

This authorization shall remain in effect until receipt of written notification from me or termination of employment.

_____		_____
Name (Names if joint account)	(Please print)	Date
Signed X _____	Signed X _____	

Return this completed form to the Payroll office at the CHEC building in McKinney.