

Wallace Community College Selma

P.O. Box 2530/3000 Earl Goodwin Parkway
Selma, Alabama 36702

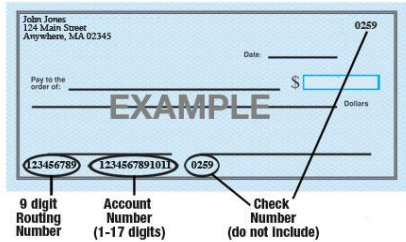
Direct Deposit Authorization Form for Payroll

THIS WILL CHANGE YOUR INFORMATION AT ALL SCHOOLS IN THE ALABAMA COMMUNITY COLLEGE SYSTEMS.

Name: _____ A# _____

Address: _____

City, State, Zip: _____



Please attach a voided check for each bank account to which funds should be deposited.

BANK 1:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

BANK 2:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

Wallace Community College Selma is hereby authorized to directly deposit my pay (including expense reimbursements) to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Also, I hereby grant Wallace Community College Selma the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee Signature: _____ Date: _____

Wallace State Bank Deposit Form for Payroll Continued

BANK 3:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

BANK 4:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

BANK 5:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

BANK 6:

Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

Employee Signature: _____ Date: _____