



AUTHORIZATION AGREEMENT OF AUTOMATIC PAYROLL DEPOSIT

East Central College offers direct deposit into multiple institutions. A voided check for your selected account(s) must be attached to this form:*

I hereby authorize East Central College to initiate direct deposit for account(s) listed below:

Employee Name (Please Type or Print): _____

Name of Financial Institution #1: _____

Institutional Routing Number: _____

Institutional Account Number : _____

Please check account type: CHECKING SAVINGS

Amount to be dispersed: \$ _____

Employee Name (Please Type or Print): _____

Name of Financial Institution #2: _____

Institutional Routing Number: _____

Institutional Account Number : _____

Please check account type: CHECKING SAVINGS

Amount to be dispersed: \$ _____

****Please note: The first paycheck after setting up and/or changing automatic deposit, will be an actual check to be picked up at the Cashier's window located on the first floor of Buescher Hall.***

*****I understand that I will not receive a printed copy of my pay advices. I will have access to all my pay advices through my eCentral account.***

This authorization will remain in force until a written notification is received from the employee to change or cancel the signed agreement.

Employee's Signature: _____ Date: _____