

# Authorization Agreement for Automatic Deposits

Employee Name \_\_\_\_\_

SSN # or Colleague ID # \_\_\_\_\_

Bank Name: _____	City of Bank Branch: _____	
Bank Routing # _____ <small>(First group of digits at the bottom of the check)</small>		
<u>Type of Account</u>	<u>Account Number</u>	<u>Amount to Deposit</u>
<b>CHECKING</b>	_____	_____
<b>SAVINGS</b>	_____	_____
<b>MONEY MARKET</b>	_____	_____

Bank Name: _____	City of Bank Branch: _____	
Bank Routing # _____ <small>(First group of digits at the bottom of the check)</small>		
<u>Type of Account</u>	<u>Account Number</u>	<u>Amount to Deposit</u>
<b>CHECKING</b>	_____	_____
<b>SAVINGS</b>	_____	_____
<b>MONEY MARKET</b>	_____	_____

*If you have additional banks or account numbers, please attach an additional form(s).*

I authorize Southwestern Community College to deposit my net pay to the bank(s) and account(s) indicated above:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ATTACH A **VOIDED CHECK** FOR EACH CHECKING ACCOUNT.

FOR SAVINGS AND MONEY MARKET ACCOUNT(S) - PLEASE ATTACH DOCUMENTATION PROVIDED BY THE BANK TO VERIFY THE ACCOUNT.