



# Rogue Community College

## Payroll Direct Deposit Authorization Form

**DIRECT DEPOSIT WILL NOT TAKE EFFECT UNTIL 2<sup>ND</sup> PAYROLL CYCLE FOLLOWING SUBMISSION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Department: \_\_\_\_\_

Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Name of Bank _____		
Street Address _____	City _____	State _____ Zip _____
Account Number _____	Routing Number _____	Direct Deposit Amount _____

Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Name of Bank _____		
Street Address _____	City _____	State _____ Zip _____
Account Number _____	Routing Number _____	Direct Deposit Amount _____

Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Name of Bank _____		
Street Address _____	City _____	State _____ Zip _____
Account Number _____	Routing Number _____	Direct Deposit Amount _____

**Important:** If you are directing your money to:

**CHECKING:** Attach a voided check.

**SAVINGS:** Attach a deposit slip.

**LOAN\*:** Attach a payment coupon or other account verification.

\*Check with bank to make sure loan can be direct deposit.

Please NOTE: It is your responsibility to contact the Payroll Department in the event of a change to your bank information that could affect your direct deposit. If our bank receives incorrect deposit information, they will charge a \$3 fee which will be deducted from your paycheck. If the fee is charged as a result of an action by the College or the College's bank, the fee will not be deducted from your paycheck.

**I authorize Rogue Community College to deposit funds into my account(s) at the Bank(s) named above, and to adjust any errors made. I agree not to hold my Bank(s) liable for any errors or adjustments made.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Should your bank(s) not be able to handle direct deposits, you will be notified.*