LINN- BENTON COMMUNITY COLLEGE
DIRECT DEPOSIT AUTHORIZATION

Complete this form to set up electronic funds transfer (EFT) for payroll direct deposit to the financial institution of your choice.

Employee Name (Printed):_____ **ID #:**_____

Please choose one: ◯ **New Enrollment** ◯ **Change Bank/Account** ◯ **Stop Direct Deposit**

I authorize the College and the financial institution listed below to electronically deposit my net pay to the specified account each pay day.

DEPOSIT #1 ◯ Deposit entire check **OR** ◯ Amount: $_____ ◯ Checking ◯ Savings

Bank Name_____ Bank Phone Number_____

ı:										ı:																	

ABA Routing Number **Account Number**

DEPOSIT #2: ◯ Deposit remainder **OR** ◯ Amount: $_____ ◯ Checking ◯ Savings

Bank Name_____ Bank Phone Number_____

ı:										ı:																	

ABA Routing Number **Account Number**

DEPOSIT #3: ◯ Deposit remainder **OR** ◯ Amount: $_____ ◯ Checking ◯ Savings

Bank Name_____ Bank Phone Number_____

ı:										ı:																	

ABA Routing Number **Account Number**

Please use an additional form if you would like to directly deposit into more than three accounts.

PLEASE READ CAREFULLY

If funds are deposited to the above account(s) in error, I authorize Linn-Benton Community College to direct the financial institution to return said funds. This authority will remain in effect until the College has received written notification from me of its termination, in such time and in such manner as to afford Human Resources a reasonable opportunity to act on the request. Any Previous EFT that exists will remain in effect until this new account/bank information has been processed. This process normally takes one pay period.

Employee Signature_____ **Date**_____

Submit to HRPAY@linnbenton.edu

Revised: 06/10/10