



CREATORS OF INCREDIBLE FUTURES

## Direct Deposit Authorization Form

Print Name: Last                      First                      Middle                      Social Security Number                      Department

**CHECK APPLICABLE BOX:**

New Enrollment                       Change of Account or Secondary Amount                       Cancel Participation

**CHECK APPLICABLE BOX:**

Payroll                       Accounts Payable/Reimbursement/Overpayment Refund

\*\*If you want the entire amount of your net pay deposited into one account, complete the *Primary Account* section only.

\*\*If you want a fixed amount deposited into a second account, with the balance deposited into the first account, complete the *Secondary Account* section in addition to the *Primary Account* section. If your net pay is less than the amount designated in the Secondary Account, the entire net pay will be deposited in the Primary Account.

**Primary Account**

**Secondary Account**

Bank, Credit Union or Savings & Loan:		Bank, Credit Union or Savings & Loan:	
Address:		Address:	
City	State	Zip Code	
Routing & Transit No. (completed by Payroll/AP Dept)		Routing & Transit No. (completed by Payroll/AP Dept)	
Account No.	Type of Account (check one) Checking Savings	Account No.	Type of Account (check one) Checking Savings
If an amount is designated for deposit for the Secondary Account, the balance will be deposited to Primary Account.		Amount to be deposited in this account: \$	

**ATTACH VOIDED CHECK(S), DEPOSIT SLIP(S), OR BANK DOCUMENTATION TO THIS FORM**

**Authorization Statement:**

I hereby authorize Cottey College to deposit my net pay amount to my checking and/or savings account(s) at the financial institution(s) named above. I agree that if any of my funds are deposited in error to my account, Cottey College may recover such funds directly from my account. This authority will remain in effect until I have signed a new authorization. I understand that the Payroll/AP Department must receive any change or cancellation by the end of pay period to take effect the following pay period.

\_\_\_\_\_  
Employee or Student Signature

\_\_\_\_\_  
Date