

SOUTHWESTERN ILLINOIS COLLEGE

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize Southwestern Illinois College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to the accounts indicated below.

PRIMARY ACCOUNT

CHECKING ☐ SAVINGS ☐

FINANCIAL INSTITUTION _____

TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

*Net pay less allocations specified in account(s) below will go into primary account.

SECOND ACCOUNT

CHECKING ☐ SAVINGS ☐

FINANCIAL INSTITUTION _____

TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

DOLLAR AMOUNT \$ _____

THIRD ACCOUNT

CHECKING ☐ SAVINGS ☐

FINANCIAL INSTITUTION _____

TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

DOLLAR AMOUNT \$ _____

This authorization shall remain in force until terminated by myself with written notification to the Payroll Office, not less than 15 days prior to the effective date of termination. I understand that my direct deposit stub is available online through employee self service.

NAME _____ EMPL ID# _____

SIGNATURE _____ DATE _____

***Attach a voided check for any checking account deposits. Attach any other proof of account number and transit/ABA number for each savings account deposits.** This information is needed to ensure proper transmission of your pay to the assigned financial institution(s). Your automatic deposit will PRENOTE (verify account number, ABA number and name on your account) on the first payroll processing. At that time you will receive a valid check that you will need to cash. Your automatic deposit will occur on the following payroll processing.