



## Direct Deposit Agreement Form Authorization Agreement

I hereby authorize **Mississippi Delta Community College** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Mississippi Delta Community College** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Mississippi Delta Community College** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I also understand that it is my responsibility to make sure that Human Resources has a valid mailing address on file to ensure delivery of my first payroll check, which will be mailed if account information is not received in time to implement direct deposit. Every check thereafter, will be deposited into my account.

This agreement will remain in effect until **Mississippi Delta Community College** receives a written notice of change from me or my financial institution, or until I submit a new direct deposit form to Human Resources.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings  
% or \$ \_\_\_\_\_ Amount

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings  
% or \$ \_\_\_\_\_ Amount

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_ ID #: \* \_\_\_\_\_

\* Leave ID # blank if you are a new employee.

NEW ACCOUNT       ADD ACCOUNT       CHANGE ACCOUNT       CHANGE % or \$ AMOUNT

**PLEASE ATTACH A VOIDED CHECK OR OFFICIAL DOCUMENTATION FROM YOUR BANK AND RETURN THIS FORM TO HUMAN RESOURCES; DIRECT DEPOSITS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**