

**MONROE COMMUNITY COLLEGE
EMPLOYEE REQUEST FOR DIRECT DEPOSIT**

Print Name _____

I hereby authorize my employer to deposit on each regular payday

\$ _____ Amount _____ Net Pay

Into: _____

(name of bank)

My employer is also authorized to draw drafts to adjust any over-deposit which has been made to my account, and the ***above named financial institution*** is authorized to pay such drafts provided: (1) sufficient funds are on deposit for payment and (2) I have not revoked this authorization in writing. I will not hold the ***above named financial institution*** liable for any erroneous deposit or adjustments made by my employer.

Signature _____

Type of Account _____ Checking _____ Savings

Date ____/____/____

_____ **Start a new Direct Deposit**
_____ **Change the amount of an existing deposit**

It is required that a **VOID CHECK OR A WRITTEN AUTHORIZATION FROM YOUR BANK** be attached to this form. The bank routing number and your account number must be on the form.

NEW REQUESTS AND BANK CHANGES WILL TAKE 2 PAY PERIODS.
A CHECK WILL BE ISSUED THE PAY PERIOD PRIOR TO THE DEPOSIT IN YOUR ACCOUNT FOR ALL NET PAY AUTHORIZATIONS.

Direct deposit is available with most financial institutions in the area.

Your direct deposit notification is available in Banner Web Self-Service. If you choose to receive your direct deposit notification via your MCC Outlook account, please check below.

____ I choose to have my direct deposit notification e-mailed to my MCC Outlook account.