



ESSEX COUNTY COLLEGE

Direct Deposit Agreement Form

PLEASE SUBMIT A **VOIDED** CHECK WITH THIS FORM

Authorization Agreement

I authorize **Essex County College** to deposit my net pay or portion thereof as indicated to my account at the financial institution named below. If funds to which I am not entitled are deposited to my account, I authorize **Essex County College** to direct the bank(s) to return said funds. I also agree not to hold **Essex County College** responsible for any delay or loss of funds due to incorrect or incomplete information provided 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 understand that my deposit may not be credited to my account until the pay date indicated on the deposit voucher.

I am also aware that there will be a waiting period of at least **2 pay periods** for the direct deposit to take effect.

This agreement will remain in effect until **Essex County College Payroll Department** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

- Establish new direct deposit(s)
 Change an existing account(s)
 Cancel
 Increase an existing account(s)
 Decrease an existing account(s)

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Partial Amount: \$ _____

Percentage Amount:

Remaining Full

Checking

Savings

2ND Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Partial Amount: \$ _____

Remaining Full

Checking

Savings

Please be sure that the direct deposit amount(s) you enter are not greater than your current pay. The total of your direct deposit account(s) must equal 100% of your pay.

Employee Signature: _____ Date: _____

Please Print Name: _____ ID #: _____

Department: _____ Extension: _____

Email: _____