



Authorization Agreement for Direct Deposit (ACH Credits)

I hereby authorize Austin Community College to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my account(s) indicated below. I also authorize the depository or depositories named below to credit and/or debit the same to such account(s). This authority is to remain in full force until ACC has received written notification from me of its termination.

New Deposit
 Cancel Deposit
 Change Deposit

Employee Name		SSN		Date	
Employee Address		City, State		Zip Code	
Employee Classification (circle one) Classified Hourly Professional-Technical Adjunct Faculty F/T Faculty					
Name of Bank or Financial Institution					
City		State	Zip	Phone	
Bank Routing #					
Account #			Type Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

2nd Account (Optional) (Deposit must be for fixed amount):

Bank or Financial Institution (if different from above)			
City	State	Zip	Phone
Bank Routing #			
Account #	Type Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Deposit Amount \$

Signature (Required)	Home Phone	Work Phone
-----------------------------	------------	------------

Please affix a **VOIDED** copy of your **CHECK** here. (Facsimile is acceptable.)
 It takes 30-45 days for the bank to begin to deposit your check. Please check with your financial institution for the start date. Complete Form And Send To HR Payroll, HBC