

**ORANGE COUNTY COMMUNITY COLLEGE
ELECTRONIC FUND TRANSFER DIRECT DEPOSIT
AUTHORIZATION FORM**

I authorize Orange County Community College to deposit my net pay automatically to my account specified below each pay date by initiating credit entries to my account electronically or by any other commercially accepted method. I further authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize Orange County Community College to direct the financial institution to return said funds to the correct account. I authorized the financial institution to debit the same to my account. This authority will remain in effect until Orange County Community College has received written notice from me.

SECTION I: TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
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ACCOUNT TYPE: <i>(CHECK ONE ONLY)</i>	<input type="checkbox"/> CHECKING <i>ATTACH A VOIDED CHECK</i>	<input type="checkbox"/> SAVINGS <i>ATTACH A PREPRINTED DEPOSIT SLIP</i>
NAME OF FINANCIAL INSTITUTION: _____		
ADDRESS: _____		

TELEPHONE NUMBER: _____		
ACCOUNT NUMBER: _____		

EMPLOYEE SIGNATURE	DATE
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SECTION II: TO BE COMPLETED BY PAYROLL OFFICE

PROCESSED BY: _____	DATE: _____
PRENOTE DATE: _____	DIRECT DEPOSIT DATE: _____