



Employee Direct Deposit Authorization

I hereby authorize the Tooele Applied Technology College (hereinafter “College”) to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the College to my accounts. In the event that the College deposits funds erroneously into my account, I authorize College to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the College and the Bank have received written notice from me of its termination in such time and in such manner as to afford the College and Bank reasonable opportunity to act on it

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information:

Bank Name _____ Routing/Transit # _____

City _____ State _____ Account # _____

Account Type : ___ Checking ___ Savings ___ Other

** Please note that it takes two payrolls for direct deposit to take effect. The first payroll processed after submission of this authorization allows ADP to send a pre-note to verify the bank information provided. If there are not any problems with the account the next payroll processed will be done with a direct deposit.*

PLEASE ATTACH A VOIDED CHECK TO THIS DOCUMENT