

**HOWARD COUNTY JUNIOR COLLEGE DISTRICT
DIRECT DEPOSIT AUTHORIZATION**

SECTION 1 – TRANSACTION TYPE:

Check the applicable transaction(s) and complete the sections indicated.

- _____ New direct deposit setup (Complete Sections 2 & 3, Financial Institution complete Section 4.)
- _____ Change Financial Institution (Complete Sections 2 & 3, Financial Institution complete Section 4.)
- _____ Change Account Number (Complete Sections 2 & 3, Financial Institution complete Section 4.)
- _____ Change Account Type (Complete Sections 2 & 3, Financial Institution complete Section 4.)
- _____ Cancellation (Complete Sections 2 & 3.)

SECTION 2 – EMPLOYEE INFORMATION: (please print)

- 1. Employee Social Security Number: _____ - _____ - _____
- 2. Employee Name: _____
- 3. Address: _____ City: _____ State: _____ Zip Code: _____
- 4. Phone (Area Code & Number): _____

SECTION 3 – AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION:

HCJCD shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or that my payments may be erroneously transferred electronically.

I consent to agree to comply with HCJCD's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to and agree to comply with the rules even if the rules conflict with this authorization form.

Employee Signature: _____ **Date:** _____

SECTION 4 – FINANCIAL INSTITUTION INFORMATION: (please print)

- Bank Name: _____
- Bank Address: _____ City: _____ State: _____ Zip Code: _____
- Routing Transit Number: _____ - _____ - _____
- Customer Account #: _____
- Type of Account: _____ Checking _____ Savings
