



## DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

INDICATE WHICH APPLIES: ( ) New ( ) Change in Account Information

### Enrollment

This is my authorization for Spartanburg Methodist College to automatically deposit (credit) my new pay into my checking and/or savings account as listed below.

Bank Account Information #1: Check the appropriate line below and indicate the percentage OR amount you want deposited (credited) for this account.

Checking Account: ( )

Savings Account: ( )

Name of Bank or Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Percentage of Deposit: \_\_\_\_\_ OR Amount of Deposit: \_\_\_\_\_

Bank Account Information #2: Check the appropriate line below and indicate the percentage OR amount you want deposited (credited) for this account.

Checking Account: ( )

Savings Account: ( )

Name of Bank or Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Percentage of Deposit: \_\_\_\_\_ OR Amount of Deposit: \_\_\_\_\_

I understand that if corrections in the deposit amount are necessary, this may involve an adjustment (credit or debit) to my account.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- You will receive your payroll stub by U.S. Postal Service.
- If you change banks or any of your information changes, you **must** complete a new authorization form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( ) A voided check or letter from the Bank or Financial Institution is attached for each account.