



EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

ACCOUNT INFORMATION

NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEPOSIT INTO:

CHECKING: SAVINGS: ACCOUNT NUMBER: _____

THIS IS A:

New Direct Deposit Direct Deposit Change Cancellation

EMPLOYEE AUTHORIZATION

I hereby authorize you to send my payroll check to the financial institution of my choice indicated below. I also agree to notify GCC Human Resources of any changes to my account by the 10th of the month. This authorization will remain in effect until cancelled by me in writing.

Employee Signature

Date

Copy to Payroll

PLEASE STAPLE VOIDED CHECK HERE