



Employee Authorization for Direct Deposit

Employee Information

Name: _____ Social Security #: XXX-XX-_____

Address: _____

City: _____ State: _____ Zip: _____

Please complete 1 of 2 options below that are required

1. PLEASE TAPE VOIDED CHECK HERE

OR

2. FORM FROM YOUR BANK WITH ACCOUNT & ROUTING INFORMATION

Is this a:

New Direct Deposit Change in Direct Deposit Cancel Direct Deposit

Is this account:

Checking Account Savings Account

Employee Authorization

I hereby authorize you to send my payroll check to the financial institution of my choice indicated below/above. 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