

# Payroll Direct Deposit Authorization Form

Complete and return to the payroll department.

I authorize Gogebic Community College and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the payroll department.

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Institution Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

**Please attach a voided check below.**