



Authorization for Direct Deposit Sign-Up Form

I authorize Washington State Community College to deposit my payroll check into my account in the financial institution named below by automatic transfer. This agreement will remain in effect until Washington State Community College has received written notification from me in such time and manner as to afford Washington State Community College and the financial institution a reasonable opportunity to act on it. Washington State Community College reserves the right to revoke this agreement at any time.

Name: _____ Employee Number: _____

Payroll Deduction Amount: Full Pay Other Amount (Specify) _____

Type of Account: Checking Money Market Savings

Bank Account Number:

Name of Financial Institution: _____

Transit Routing Number:

Effective Date of Direct Deposit Next Available Pay Other (Specify) _____

Effective Date to End Current Direct Deposit (if applicable): _____

Keep Current Direct Deposit Until New Direct Deposit Takes Effect

End Current Direct Deposit and Receive a Check for this Pay Only

**Attach Voided Check or
Deposit Slip**

Signature

Date