



# AUTHORIZATION AGREEMENT for Electronic Deposits

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

Social Security Number: xxx-xx- \_\_\_\_\_

Employee Number: \_\_\_\_\_

BANK NAME	CITY OF BANK BRANCH	DEPOSIT TO:		BANK ROUTING NUMBER	ACCOUNT NUMBER	AMOUNT
		CHECKING	SAVINGS			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

**Notes:**

- Bank Routing Number is the first group of numbers at the bottom of check.
- If depositing funds to more than one account, please indicate amount to be deposited to first account and indicate "remainder" to be deposited to second account.

I authorize **Durham Technical Community College** to deposit my net pay to the bank and account indicated above.

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

**Attach voided check or account verification from bank to this form.**