

**PLEASE NOTE: DIRECT DEPOSIT BECOMES EFFECTIVE AFTER ONE ACTIVE PAYROLL RUN. YOU WILL RECEIVE A CHECK FOR YOUR FIRST PAY PERIOD AFTER THIS FORM IS PROCESSED.**

**SUFFOLK COUNTY COMMUNITY COLLEGE  
PAYROLL OFFICE  
DIRECT DEPOSIT AUTHORIZATION FORM  
PLEASE PRINT**

**BANNER ID#** \_\_\_\_\_ **NAME** \_\_\_\_\_

**WORK PHONE NUMBER** \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize Suffolk County Community College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

( ) Checking ( ) Savings account (select one) indicated below and the depository named below to credit and/or debit the same to such account. This Account shall be designated as my (our)

( ) Primary ( ) Secondary Account (\$ \_\_\_\_\_)

( ) Termination from Direct Deposit System ( ) Change of Existing Account

**DEPOSITORY NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ABA#** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

This authorization is to remain in full force and effect until the College has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the College and the Depository a reasonable opportunity to act on it.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Completed form should be returned with a **VOIDED check** to SCCC HR/Payroll