

# **WALLACE COMMUNITY COLLEGE PAYROLL DIRECT DEPOSIT AGREEMENT**

**SUBMISSION DEADLINE: DATE OF EMPLOYMENT.**

**CURRENT AND RETURNING EMPLOYEES: COMPLETE AND SUBMIT TO THE BUSINESS OFFICE.**

**NEW EMPLOYEES: COMPLETE AND SUBMIT TO THE HUMAN RESOURCES OFFICE.**

**Employee Name (Print):** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**I give Wallace Community College permission to make payroll-related transfers involving my checking account. I understand that this permission will remain in effect as long as I remain an employee of the College, or until I change my banking relationship and provide access to my new account by submitting a revised Direct Deposit form.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE STAPLE A VOIDED CHECK IN THE SPACE PROVIDED BELOW – (The College will use the account and routing information listed on your check to create a direct deposit into your checking account.) DO NOT ATTACH A DEPOSIT SLIP.**

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