**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 or savings 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. I further understand that a change to this information must be furnished to payroll no later than 10 business days prior to payroll.**

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

**PLEASE STAPLE OR ATTACH EITHER A VOIDED CHECK OR A DIRECT DEPOSIT AGREEMENT FROM YOUR BANK.** The College will use the account and routing information listed on the appropriate form to create a direct deposit into your checking or savings account. Your entire net amount has to be deposited to either a checking or a savings account. **DO NOT ATTACH A DEPOSIT SLIP OR A MEMBERSHIP CARD.**