Volunteer State Community College
Direct Deposit Authorization Form

Name _____ S.S.No. _____

Address _____

Phone No. (Home) _____ (Work) _____

VSCC Email Address (for email notification of payroll remittance advice) _____

Please check one: ◯ Full Time ◯ Part Time Hourly ◯ Adjunct ◯ Other

1. **Net Pay Deposit**: ❍ New ❍ Change

Financial Institution Name _____ ❍ Checking ❍ Savings ❍ Other

Routing Transit No ❑❑❑❑❑❑❑❑❑ Acct No ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

2 Fixed Dollar Amount Deposit: Amount $_____ ❍ New ❍ Change ❍ Cancel

Financial Institution Name: _____ ❍ Checking ❍ Savings ❍ Other

Routing Transit No ❑❑❑❑❑❑❑❑❑ Acct No ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

3. Fixed Dollar Amount Deposit: Amount $_____ ❍ New ❍ Change ❍ Cancel

Financial Institution Name _____ ❍ Checking ❍ Savings ❍ Other

Routing Transit No ❑❑❑❑❑❑❑❑❑ Acct No ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

4. Fixed Dollar Amount Deposit: Amount $_____ ❍ New ❍ Change ❍ Cancel

Financial Institution Name: _____ ❍ Checking ❍ Savings ❍ Other

Routing Transit No ❑❑❑❑❑❑❑❑❑ Acct No ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

5. Fixed Dollar Amount Deposit: Amount $_____ ❍ New ❍ Change ❍ Cancel

Financial Institution Name _____ ❍ Checking ❍ Savings ❍ Other

Routing Transit No ❑❑❑❑❑❑❑❑❑ Acct No ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

- There may be up to sixty (60) days administrative processing before enrollment will become effective.
- It is your responsibility to notify Volunteer State Community College Human Resources office of any changes in your account, such as account closure or change in account number.
- This agreement may be cancelled by your financial institution or Volunteer State Community College. Vol State reserves the right to automatically cancel your participation in the direct deposit program upon termination of employment.
- ***You must provide a blank voided check or a direct deposit form from your financial institution with the required information for direct deposit. A deposit slip may not be acceptable documentation.***

I authorize Volunteer State Community College to initiate credit entries to the account(s) indicated for the purpose of depositing earnings from my employment. I also authorize Volunteer State Community College to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____