



Direct Deposit Authorization Form

Payroll and Employee Reimbursement

Name _____ ID or SS# _____

Address _____

Phone No. (Home) _____ (Work) _____

VSCC Email Address (for email notification) _____

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. Employee Reimbursement Deposit:

Employee reimbursements will default to Net Pay Deposit account unless designated below.

☐ New ☐ Change

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 or Payroll 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. VSCC 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 personal reimbursement. I also authorize Volunteer State Community College to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____