



# Trenholm State

COMMUNITY COLLEGE

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

(ACH CREDIT)

I, \_\_\_\_\_ hereby authorize Trenholm State Community College, (the College), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account indicated below at the depository, (the Bank) named below.

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

**BRANCH:** \_\_\_\_\_

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

**BANK ROUTING NO:** \_\_\_\_\_

**ACCOUNT NO:** \_\_\_\_\_

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

All changed request for direct deposit must be submitted in writing to the Business Office at least fifteen (15) working days prior to effective payroll date.

\*\*\*\*\*PLEASE ATTACHED A VOIDED CHECK

**NAME:** \_\_\_\_\_

(Please Print)

**EMPLOYEE NO:** \_\_\_\_\_

\_\_\_\_\_

(Signature)

**DATE:** \_\_\_\_\_