

Direct Deposit Authorization Form

Last Name	First Name	Middle Name	Banner ID Number
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I hereby authorize Florida Southwestern State College to deposit my payroll funds into my account(s) at the bank(s) named below. Florida Southwestern State College is authorized to reverse any deposits made in error to my account(s) through the College's direct deposit program. I further warrant that I am the holder on the account(s) listed below.

It is understood that I may terminate this agreement at any time by written notification to the FSW payroll department.

Account Information (a maximum of three accounts may be set up)

Please complete this section in its entirety.

Checking/Savings	Bank Name	Bank Routing Number	Account Number	Net Pay or \$ Amount
Check One: Start Deposit _____ Stop Deposit _____ Change Deposit Amount _____				

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Check One: Start Deposit _____ Stop Deposit _____ Change Deposit Amount _____				

You must notify payroll immediately if you close your account(s).

Signature: _____ Date: _____

To Start or Change a Direct Deposit:

The first payroll cycle after the payroll department receives the completed form will be a pre-authorization to the bank. This pre-authorization will verify the routing number(s) and account number(s), as supplied above. You will receive a paper check and no money will be transmitted to your account(s). The second payroll cycle will result in an electronic transmittal of payroll funds to your account(s).

A voided check must accompany each new direct deposit request. If you do not have checks or if your request is for a savings account, please contact your bank. They will be able to provide a direct deposit authorization that includes the routing number and account number which can be attached to this form.

