

# PALM BEACH STATE COLLEGE

## AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Name: \_\_\_\_\_

Employee ID: E \_\_\_\_\_

I hereby authorize PALM BEACH STATE COLLEGE to initiate credit entries. If a deposit is made to my bank account in error, I also authorize the college and the bank to adjust the error.

Request to	Name of Financial Institution	Transit/ABA No*	Bank Account No.	Account Type	Amount	Percent	Travel+
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

\* Transit/ABA No. - Please contact your bank for your Transmit/ABA Number.

+ Travel Reimbursements - Please indicate which account to deposit your travel reimbursements.

Please note that if you use amounts, they shall be used first in order and percentages are either all or last only.

The authority is to remain in full force and effect until PALM BEACH STATE COLLEGE has received written notification from me or its termination in such manner as to afford PALM BEACH STATE COLLEGE and the banking institution a reasonable opportunity to act on it.

If you have any questions, please contact Payroll at (561) 868-3098.

Print, sign and FAX completed form to Payroll's attention at (561) 868-3103.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_