



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

1 Social Security Number

2 WS ID W

3 Employee Name _____
PLEASE PRINT

4 Account Type Checking Savings Debit/Credit Card

5 Transaction Code Add Change Delete

6 Financial Institution _____

7 Routing Number : :

8 Account Number

9 Amount to Deposit \$ _____ (If no amount elected- balance will be deposited)

If deposit is to be made to a checking account, attach a void check in the space provided below.

ATTACH VOID CHECK HERE

I hereby authorize Walters State Community College to deposit my net pay automatically to my account at the financial institution indicated. I understand this agreement may be terminated by me upon proper execution of another authorization agreement.

Employee Signature

Date