



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

1 **Social Security Number**

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2 **WS ID**

|   |  |  |  |  |  |  |  |  |
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| 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**      : 

|  |  |  |  |  |  |  |  |  |  |
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8 **Account Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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