

Central Piedmont Community College Authorization Agreement For Automatic Deposits

I hereby authorize Central Piedmont Community College, hereinafter called **Company**, to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my account(s) indicated below and the depository(ies) named below, hereinafter called Depository, to credit (or debit) the same to such account. Limit of 3 accounts.

Primary Account			
<input type="text"/>	Checking	<input type="text"/>	Add
<input type="text"/>	Savings	<input type="text"/>	Change
		<input type="text"/>	Delete
<--Attach a voided check here for Acct. #1			
<input type="text"/>	AP Deposits		
<input type="text"/>	Payroll Deposits		

Please note that all net pay will go into this account unless you have specified an amount to be deposited into a second and/or third account listed below. If you have indicated other accounts, the balance of your pay will be deposited into your **Primary** account. AP deposits for travel reimbursements will go into the primary acct. unless a secondary account is checked below.

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Bank Routing No: _____ Account No: _____

Account # 2			
<input type="text"/>		<input type="text"/>	Add
<input type="text"/>	Checking	<input type="text"/>	Change
<input type="text"/>	Savings	<input type="text"/>	Delete
Amount to be deposited _____			
<---- Attach a voided check here for Account #2			

Financial Institution Name : _____

City: _____ State: _____ Zip: _____

Bank Routing No: _____ Account No: _____

Account # 3			
<input type="text"/>		<input type="text"/>	Add
<input type="text"/>	Checking	<input type="text"/>	Change
<input type="text"/>	Savings	<input type="text"/>	Delete
Amount to be deposited _____			
<---- Attach a voided check here for Account #3			

Financial Institution Name _____

City: _____ State: _____ Zip: _____

Bank Routing No: _____ Account No: _____

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it.

Name: _____ Employee ID # _____

Date: _____ Signed: _____