

## 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.

<b>Primary Account</b>		Add	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 <b>Primary</b> account. AP deposits for travel reimbursements will go into the primary acct. unless a secondary account is checked below.
<input type="checkbox"/> Checking	<input type="checkbox"/>	Change	
<input type="checkbox"/> Savings	<input type="checkbox"/>	Delete	
<b>&lt;--It is recommended but not required to attach a voided check here for Acct. #1</b>			
<input type="checkbox"/> AP Deposits			
<input type="checkbox"/> Payroll Deposits			

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

<b>Account # 2</b>		Add	Amount to be deposited _____
<input type="checkbox"/> Checking	<input type="checkbox"/>	Change	
<input type="checkbox"/> Savings	<input type="checkbox"/>	Delete	

**<---- It is recommended but not required to attach a voided check here for Account #2**

If a voided check is not included please ensure the routing and account number is correct. If the routing/account information provided is incorrect it could delay payment up to 10 days.

Financial Institution Name : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

<b>Account # 3</b>		Add	Amount to be deposited _____
<input type="checkbox"/> Checking	<input type="checkbox"/>	Change	
<input type="checkbox"/> Savings	<input type="checkbox"/>	Delete	

**<---- It is recommended but not required to attach a voided check here for Account #3**

If a voided check is not included please ensure the routing and account number is correct. If the routing/account information provided is incorrect it could delay payment up to 10 days.

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: \_\_\_\_\_