

**Tallahassee Community College  
Employee Authorization for Automatic Payroll Deposits**

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|--|
| <input type="checkbox"/> <b>NEW APPLICATION</b> <input type="checkbox"/> <b>CHANGE</b> |
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**Applicant MUST print or type all information except where signature is required.  
If PRINTED use ball point pen only.**

I hereby authorize Tallahassee Community College to deposit my salary, after deductions, directly into my checking or savings account indicated below and agree that such credit to this account constitutes payment and receipt by me. I understand that the School Board reserves the right to recall funds sent in error and to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees.

|                             |                   |             |                          |                       |
|-----------------------------|-------------------|-------------|--------------------------|-----------------------|
| <b>Employee's Last Name</b> | <b>First Name</b> | <b>M.I.</b> | <b>Social Security #</b> | <b>TCC Department</b> |
|                             |                   |             |                          |                       |

TYPE OF ACCOUNT: You may select only one (1) type of account, checking or savings and only one (1) financial institution, bank or credit union.

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| <b>Financial Institution Name:</b>   |
| <b>Financial Institution Address:</b>  |
| <b>Employee's Account (check one)</b> <input type="checkbox"/> Checking No. _____<br><input type="checkbox"/> Savings No.        _____ |

This authority will remain in full force and effect until the College receives thirty (30) days prior written notification from me of change or termination. Such notice will be sent to the Payroll Department. Prior to the initiation of the first deposit, I will allow the Payroll Department sufficient notification time to transmit new account information to the financial institution. **(This will take at least (1) payroll period)**

|                            |             |              |
|----------------------------|-------------|--------------|
| <b>Employee Signature*</b> | <b>Date</b> | <b>Phone</b> |
| X                          |             |              |

\*As it appears on financial institution account

|  |       |       |       |
|--|-------|-------|-------|
| <b>Financial Institution Information Only</b>  |       |       |       |
| (This section must be completed by your financial institution)   |       |       |       |
| Financial Institution Routing and Transit Number: _____  |       |       |       |
| As the official representative of the above financial institution, I hereby assure Tallahassee Community College that said institution is prepared to and will accept the responsibility for Direct Deposit Funds and that account numbers have been verified. |       |       |       |
| _____  | _____ | _____ | _____ |
| Financial Institution Rep. Signature   | Title | Date  | Phone |

**White copy:** Personnel Department, Tallahassee Community College, 444 Appleyard Dr, Tallahassee, FL 32304.  
**Yellow copy:** Retained by the financial institution, **Pink copy:** Employee copy.