



DIRECT DEPOSIT AUTHORIZATION

As an employee of Brevard College, I understand that my net pay will be deposited to the financial institution(s) of my choice, on the regularly scheduled check date, per the following instructions:

PRINT CLEARLY

1. Bank Name: _____

Routing #	Account #	Account Type	% or \$ of Pay
_____	_____	_____	_____

2. Bank Name: _____

Routing #	Account #	Account Type	% or \$ of Pay
_____	_____	_____	_____

3. Bank Name: _____

Routing #	Account #	Account Type	% or \$ of Pay
_____	_____	_____	_____

If the provided numbers are not correct, your direct deposit will not be processed.

I hereby authorize Brevard College to directly deposit my pay in the bank account(s) listed in the percentages specified. (If more than one account is designated, deposits are to be made in whole percentages of pay to total 100%.) I have clearly written the routing and account numbers for each account specified. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. Also, I hereby grant Brevard College the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If you wish to make any changes to your direct deposit authorization, a new Direct Deposit Authorization form must be completed. Please contact Human Resources or Payroll if you have any questions concerning your direct deposit. Direct Deposit changes cannot be made by phone or by email.

PRINT EMPLOYEE NAME

EMPLOYEE SIGNATURE/ DATE