

Financial Services Form

DIRECT DEPOSIT AUTORIZATION FORM

IMPORTANT: The electronic funds transfer system requires a step known as pre-note. During this process banking institution verifies your account type and number prior to receiving any funds. This procedure occurs w new direct deposit election is made and/or when a bank or account number is changed for an existing direct deposit election.	-
Consequently, the pre-note process is completed on 15th of each month, unless otherwise noted. On payday, yo receive your pay through direct deposit. By electing direct deposit, you agree to receive your pay advice WebAdvisor. Note: If you change your bank account, it is your responsibility to notify us immediately or you rurisk of not receiving your pay on time. Please print except for signature	posit. u will e via
Employee ID # First Name MI Last Name	
First Deposit: Fixed Dollar Amount \$per pay period OR Net Pay Checking OR Savings Bank ACH Routing # Account Number Name of Financial Institution	
Second Deposit: Remainder Checking OR Savings Bank ACH Routing # Account Number Name of Financial Institution	
I authorize CRAVEN COMMUNITY COLLEGE to initiate credit entries or such adjusting entries, either debit or which are necessary for corrections, automatically to the account(s) noted above (or to cancel direct deposit if so cated). This authorization is to remain in effect until revoked by me in writing or until my employment with CR COMMUNITY COLLEGE ends.	indi-
Signature Date	
FOR EACH ACCOUNT LISTED ABOVE	
Attach Preprinted Bank Letter OR	
Preprinted Voided Check for Checking Accounts	
Attach Preprinted Bank Letter OR Preprinted Deposit Slip for Savings Accounts	