



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Luna Community College to initiate automatic deposits to my account at the financial institution named below. I also authorize Luna Community College to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Luna Community College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Luna Community College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution and Phone Number: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Printed Name: _____

Authorized Signature: _____

Date: _____

LCC ID # or Social Security # _____

Please attach a voided check or savings account slip and return this form to the Payroll Department.

STOP DIRECT DEPOSIT

I hereby request all direct deposit to stop immediately.

Employee Printed Name _____

Date _____

Employee Signature _____

Social Security Number _____