

FLORIDA STATE COLLEGE AT JACKSONVILLE

AUTHORIZATION AGREEMENT FOR

DIRECT DEPOSIT

Name: _____ SS #: XXX-XX- _____
(Please Print) Last 4 Digits Only

I, hereinafter called **Depositor**, hereby authorize FLORIDA STATE COLLEGE AT JACKSONVILLE, hereinafter called the **College**, to initiate credit entries and if necessary, debit entries and adjustments for any credit entries in error to

Checking Account () OR Savings Account ()

The entries will be made to the depository shown below, hereinafter called the **Financial Institution**, to credit and/or debit the **NET** amount of my payroll check to subject account:

Financial Institution: _____

City, State, Zip: _____

Transit/ABA Number _____

(A VOIDED CHECK MUST BE ATTACHED)

This authority is to remain in full force and effect until the College has received written notification from the depositor of its proposed termination. Note: If the account is closed by the depositor, the College must be notified immediately. Failure to notify the Payroll department could result in a delay of receiving a replacement check.

Pre-notification is required to test the accuracy of the data submitted. It takes approximately one (1) month for your pay to be automatically deposited into your bank account. It will be your responsibility to contact your financial institution to verify the first payroll deposit.

SIGNATURE OF DEPOSITOR

DATE