



Authorization Agreement for Automatic Deposit

Employee Name

Employee ID

Bank Name

City of Bank Branch

Deposit to my:

CHECKING ACCOUNT:

\$

SAVINGS ACCOUNT:

\$

Bank Routing Number:

Account Number:

Deposit to my:

CHECKING ACCOUNT:

\$

SAVINGS ACCOUNT:

\$

Bank Routing Number:

Account Number:

ATTACH CHECK HERE

I authorize Lenoir Community College to deposit my net pay to the bank(s) and account(s) indicated above and to make adjustments for any entries made in error and the bank depository whose contract shall be kept on file in the Administrative Services office shall be granted this same authority.

This authority is to remain in full force and effect until Lenoir Community College Human Resources Department and the Bank Depository have received written notification from the named employee of its termination in such time and such manner as to afford Lenoir Community College and the Bank Depository a reasonable opportunity to act on it.

Employee

Date

Please attach a blanket voided check, copy of a canceled check, or proper form identifying checking and/or savings account(s) number.