

Wallace Community College Selma

Authorization Agreement for Direct Deposits

Date: _____

I _____ hereby authorize Wallace Community College Selma, hereinafter called the COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____(Checking Account), _____Savings Account

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same account. Additionally, documentation (voided check or letter from your financial institution) has been attached to verify account number and routing number.

Depository (Financial Institution) Name: _____

City: _____ State _____ Zip _____

Bank Phone No.: () _____-

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until COLLEGE has received written notification from me of its termination in such time and in such manner as to afford COLLEGE and DEPOSITORY a reasonable opportunity to act on it.

Social Security No: XXXX-XX-_____

Print Name: _____

Signature: _____

It is the responsibility of the applicant to furnish all required information needed to begin direct deposit. Incomplete forms will be returned to the applicant.