



**Direct Deposit Authorization Form**

Type of Enrollment	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Change</b>	Effective Date	
Employee Name		Employee ID or SS #	
Address			
Department		Phone	

Bank Code (Office Use Only)	<b>Primary Account</b>		
	Financial Institution Name		<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing Number		
	Accounting Number		
	Amount to be deposited		
Bank Code (Office Use Only)	<b>Secondary Account</b>		
	Financial Institution Name		<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing Number		
	Accounting Number		
	Amount to be deposited		
Bank Code (Office Use Only)	<b>Tertiary Account</b>		
	Financial Institution Name		<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing Number		
	Accounting Number		
	Amount to be deposited		

Please attach a preprinted check here. It should be clearly marked with **“VOID”**.  
 The preprinted information must include the financial institution’s routing number and account number.

**Return completed form to Human Resources**  
 Blue Ridge Community College  
 180 West Campus Drive  
 Flat Rock, NC 28731

I authorize Blue Ridge Community College to deposit my net pay into the specified account(s) above. I understand that I must notify Human Resources immediately and complete a new authorization form if I change my financial institution(s), account number(s) or type of account. I understand that if the transmission of direct deposit pay indicates that my account has been closed, the College may not advance me. The College must wait to receive a refund from the financial institution before I may receive payment for the affected month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_