



550 East Spring Street
 P.O. Box 1609
 Columbus, Ohio 43216-1609
 614/287-2400

Direct Deposit Authorization Agreement

I hereby authorize Columbus State Community College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK TRANSIT NO.: _____ ACCOUNT NO.: _____

CHECKING _____ or SAVINGS _____

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

Name: (print) _____ SSN: _____ - _____ - _____

Signature: _____ Date: ____/____/____

Co-Signature (if joint account): _____ Date: ____/____/____

NOTE: Attach a voided blank check for a checking account, or a savings account deposit slip for a savings account to validate account information.

Jane A. Doe 1000 Main St. Anywhere, U.S.A. 10001		
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
MEMO _____		
⑆ 2550 0064 91: 0302 0032178 0616 ⑆		
Transit No.	Account No.	Check No.

*You must pick up the paycheck issued after you submit this form, on payday, in the Payroll Office. This is the trial run to the bank and **WILL NOT GO DIRECT DEPOSIT** until the following pay. Please check with your bank on that day to make sure your new direct deposit went through correctly.*