

**ULSTER COUNTY COMMUNITY COLLEGE
ELECTRONIC FUND TRANSFER DIRECT DEPOSIT AUTHORIZATION FORM**

Please complete Section I and attached a voided check. Otherwise, your financial institution **MUST** verify the information in SECTION I and complete SECTION II.

Please forward the completed form to the UCCC Payroll Dept.

SECTION I: TO BE COMPLETED BY EMPLOYEE

<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NAME AND PERMANENT ADDRESS	
	Employee ID # (Uxxxxxxx) U _____
BANK ACCOUNT NUMBER	

I AUTHORIZE DEPOSIT OF MY BIWEEKLY PAYCHECK TO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW.

EMPLOYEE SIGNATURE	DATE
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SECTION II: TO BE COMPLETED BY THE FINANCIAL INSTITUTION

TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	TRANSIT/ABA	CHECK
NAME/ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	DIGIT
	_____	_____
ACCOUNT TITLE	DEPOSITOR'S ACCOUNT NUMBER (EFT FORMAT)	

I CONFIRM THE ABOVE NAMED ACCOUNT HOLDER/NUMBER/TITLE

BANK OFFICER'S NAME	SIGNATURE
TITLE	DATE
TELEPHONE NUMBER	

***UCCC RESERVES THE RIGHT TO MAKE ADJUSTMENTS TO RECOVER ANY OVERPAYMENTS THAT MAY OCCUR.**