



Direct Deposit Authorization Form Student Aide/Federal Work Study

Instructions:

1. Please complete the Authorization Agreement and Bank Information sections of this form.
2. For a **checking account**, include a blank voided check or statement from your bank indicating the ACH routing number and account number.
3. For a **savings account**, obtain a statement from your bank indicating the ACH routing number and account number.
4. A deposit form will **not** be accepted as proof of routing number or account number.
5. Students are **limited to one account** setup.
6. Direct deposits are made on a semi monthly basis. Part time employees are paid two weeks in arrears.
7. Please allow two pay periods from the date of submission for the direct deposit to be activated.
8. Return this completed form and appropriate attachments to **Payroll Dept., 400 Paramus Rd, Rm. A228, Paramus, NJ 07652.**

Please check one box:

Initial Enrollment

Change Bank Info

Cancellation

Section I: Employee Information

Name _____

BCCID# _____

Email _____

Phone _____

Section II: Financial Institution Information

Bank Name: _____

City/State/Zip: _____

Branch Name: _____

Telephone# _____

Transit Routing #/ABA: (9 Digits)

Account Number: _____

Type of Account:

Amt: _____

1. _____

1. _____

Checking

Savings

\$ _____

Section III: Authorization Agreement and Signature

I authorize Bergen Community College to make electronic deposits of payments as indicated above to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the College to direct the financial institution to return said funds. **Or** I can authorize Bergen Community College to discontinue my service for direct deposit with the above financial institution effective immediately. I understand I must give advance notice to allow reasonable time for my instructions to be executed.

I understand that it is my responsibility to verify that payments have been credited to my account and the College assumes no liability for overdrafts for any reason. I understand in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, the College cannot issue funds to me until the funds are returned to the College by my financial institution.

I understand this authorization will override any previous authorization and will remain in effect until a) revoked thru the above signed cancellation process; b) immediately following my termination from employment with the College; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify the **Payroll Department** before I close my account listed above while this authorization is in effect.

Employee Signature _____

Date _____

Section IV: Payroll Office Only

Rcvd/Initialed By Payroll: _____

Payroll Rep: _____

Date Direct Deposit Initiated/Cancelled by Payroll: _____