

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ ID# _____
Please print

As a condition of employment, all new employees are required to have direct deposit of their pay. This requirement must be met within 30 days from the date of hire. Direct deposit stubs are now paperless. They can be viewed in delaGATE at: delagate.dccc.edu. Please contact the payroll office at 610-359-5119 if you have any questions.

Instructions:

- 1- If your direct deposit is distributed to your checking account, please attach a voided check.
- 2- Return the completed form to: **DCCC 901 S. Media Line Rd. Media, PA 19063 attn: Payroll Office**
- 3- Allow **two pays** for direct deposit to take effect.

I hereby authorize the following distribution from my biweekly pay:

<u>Type of Account</u>	<u>Bank Name</u>	<u>Bank Transit Routing Number</u>	<u>Amount</u>	<u>Account Number</u>	<u>Circle One</u>
Checking	_____	_____	Net Pay	_____	Start/Change/Stop
Checking	_____	_____	\$ _____	_____	Start/Change/Stop
Savings	_____	_____	Net Pay	_____	Start/Change/Stop
Savings	_____	_____	\$ _____	_____	Start/Change/Stop

All bank account information entered in the payroll system will remain in effect until the employee notifies the Payroll Office of a change. Please contact our office of any change, as it is the employee's responsibility to ensure that the most current bank account information is on file.

Signature

Date