

# LANSING COMMUNITY COLLEGE

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

**Deliver by mail to:**

MC-7000 Payroll  
Lansing Community College  
PO Box 40010  
Lansing, MI 48901

**OR**

**Deliver in person to:**

Payroll  
2<sup>nd</sup> Floor  
309 N Washington Sq  
Lansing, MI 48933

I hereby authorize **Lansing Community College** to initiate credit entries, at the named Financial Institution(s) listed below, to the specified checking or savings account(s), in the following amounts or the following percentages:

† Attach a **VOIDED** check for each checking account and attach a deposit slip for each savings account.

Routing #	Financial Institution	Account #	†Checking or Savings or Cancel	Amount \$\$ *	Percent % **
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CANCEL		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CANCEL		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CANCEL		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CANCEL		

\*Amount(s) must equal the net-total of your paycheck.

\*\*Total of percentages must equal 100%.

I understand that the college will exercise all due care in processing my automatic deposit, but if there are unavoidable delays in getting my direct deposit posted to my account, I do not hold Lansing Community College responsible. This authority is to remain in full force and effect until Lansing Community College has received written and signed notification from me of its termination, in such time and in such manner as to afford Lansing Community College, their financial institution(s), and my financial institution a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employee #: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Written Signature: \_\_\_\_\_

<b>PAYROLL USE ONLY</b>	Completed By: _____	Date: _____
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