



Lansing Community College
 Payroll Department, WCP254
 309 N Washington Sq, Suite 203
 Lansing, Michigan 48933
 Phone: (517) 483-1799
 Fax: (517) 483-1844

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

FORM INSTRUCTIONS

- 1) Complete Primary Account Section
- 2) Optional: Complete Additional Account Section for Multiple Account Deposits
- 3) Attach a VOIDED check OR letter from Financial Institute, stating Routing and Account number for ALL new Accounts.
- 4) **PLEASE NOTE:** Your 1st check will be a PAPER CHECK that will be available for pickup in the Payroll Department on payday Friday.
- 5) Payroll hours of operation are Monday through Friday 8am through 5pm, summer hours are Monday through Friday 7:30am through 4pm.
- 6) Mail to the address above OR hand deliver to: Lansing Community College, Washington Court Place, 2nd floor, Room 254

EMPLOYEE INFORMATION

Employee Name: _____ Home Phone: _____

Banner Employee ID: _____ Social Security Number (last 4 digits only): _____

PRIMARY ACCOUNT INFORMATION (REQUIRED)

Routing #	Financial Institution	Account #	Account Type	Amount/Percent
			Checking or Savings	Main Account is 100% of Net Pay or Remaining Balance

MODIFY OR CANCEL EXISTING ACCOUNTS (OPTIONAL)

Routing #	Financial Institution	Account #	Account Type	Amount	Percent
				Enter \$	OR %
			Checking or Savings		
			Checking or Savings		

ADDITIONAL ACCOUNTS (OPTIONAL)

Routing #	Financial Institution	Account #	Account Type	Amount	Percent
				Enter \$	OR %
			Checking or Savings		
			Checking or Savings		

I hereby authorize **Lansing Community College** to initiate credit entries, at the named Financial Institution(s) listed above, to the specified checking or savings account(s), in the indicated amounts and/or percentages. I also authorize Lansing Community College to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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.

Signature: _____ Date: _____