

### Direct Deposit Authorization Form

Employee \_\_\_\_\_ Social Security XXX-XX- \_\_\_\_\_  
 Work Email \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby authorize the Community College System of New Hampshire to:

- Start Direct Deposit
- Stop All Direct Deposit
- Change my Direct Deposit as follows:
  - Change all (a change all replaces the direct deposit authorization currently on file. Fill in every line of bank information to show how your check should be deposited)
  - Add new account (existing accounts will remain unchanged)
  - Remove one account (other accounts will remain unchanged, you must have one balance account)

Note: If you are signing up for direct deposit for the first time or have elected "change all" above, you must complete line number 1 below. Line numbers 2, 3 and 4 are optional; use these lines to authorize the Community College System of New Hampshire to directly deposit fixed dollar amounts or percentages of your pay into additional accounts.

**YOU MUST HAVE ONE NET BALANCE ACCOUNT**

1. Bank Name:	Routing # _____ 9 digits Account # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	NET Balance Account
2. Bank Name:	Routing # _____ 9 digits Account # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Fixed amount \$ _____ or Percentage _____%
3. Bank Name:	Routing # _____ 9 digits Account # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Fixed amount \$ _____ or Percentage _____%
4. Bank Name:	Routing # _____ 9 digits Account # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Fixed amount \$ _____ or Percentage _____%

I authorize the Community College System of New Hampshire to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the Community College System of New Hampshire to direct the financial institution(s) to return said funds.

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

I understand this authorization will override any previous authorization and will remain in effect until revoked by my request. I understand that I must immediately notify the Payroll Office before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to: Community College System of New Hampshire, ATTN: PAYROLL OFFICE, 26 College Dr., Concord NH 03301