



Direct Deposit Action Form

INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR VERIFICATION. FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT. ALL ACCOUNTS MUST BE US ACCOUNTS.

Employee ID/SSN: _____		Campus Phone#: _____
Last Name: _____	First Name: _____	M.I. _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Action Requested (Check Only One) <input type="checkbox"/> Start <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Discontinue		

DIRECT DEPOSIT #1

If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing 2 or 3 additional banking options, provide banking information and enter the partial amount.

Name of Financial Institution _____ Account Type: Checking Savings
City/State _____ Partial Amount \$ _____ Full Deposit
Transit Routing # _____ Account # _____

DIRECT DEPOSIT #2

If choosing 2 banking options, provide banking information and check the "Balance" box. If choosing 3 banking options, provide banking information and enter the partial amount.

Name of Financial Institution _____ Account Type: Checking Savings
City/State _____ Partial Amount \$ _____ Balance
Transit Routing # _____ Account # _____

DIRECT DEPOSIT #3

If choosing 3 banking options, provide banking information and check the "Balance" box.

Name of Financial Institution _____ Account Type: Checking Savings
City/State _____ Balance
Transit Routing # _____ Account # _____

AGREEMENT:

By signing below, I hereby authorize the Florence-Darlington Technical College (FDTC) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institution(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by: (a) me in writing with sufficient notice to FDTC to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial institution(s), (d) FDTC. **Special Note:** Please make sure Direct Deposit(s) are changed and in effect before closing your account(s). Otherwise, the funds will be returned to FDTC and cause up to a 10 day delay before a replacement check can be issued.

Employee Signature _____ Date _____