



PLEASE SELECT ONE IN EACH COLUMN	
<input type="checkbox"/> NEW	<input type="checkbox"/> STUDENT
<input type="checkbox"/> REVISION	<input type="checkbox"/> EMPLOYEE (EPCC)
<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> BOTH (Student and Employee)

DIRECT DEPOSIT AUTHORIZATION

Print or Type Name (Last, First, Initial)	ID. Number	Work Number	Home Number
Mailing Address:		City, State, and Zip	

NOTE: If employee/student fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or the payments may be erroneously transferred electronically.

Employee/Student is responsible for verifying all the deposits with his/her bank before he/she issues any checks against his/her account.

Please Complete below:

FINANCIAL INSTITUTION NAME:	TRANSIT/ROUTING NUMBER:	ACCOUNT NUMBER:	Checking	Savings	Percentage or Amount	City and State
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For Employees: In the event that the exercise of this authorization for any reason results in an overpayment of salary or wages actually due and payable to me, I hereby authorize El Paso Community College to either:

- (a) Debit my above-identified checking or savings account for an amount not exceeding said overpayment.
- (b) Withhold a sum equal to the overpayment from my next salary payment.

If any action taken by me, without adequate written notification to the El Paso Community College Payroll Office, results in non-acceptance of the transfer by the designated financial institution.

- I understand that El Paso Community College assumes no responsibility for processing supplemental payroll payments until the funds are returned to El Paso Community College by the financial institution.
- I understand this authority is in force until written notification is received from me regarding its termination, or my death.
- I understand this authorization will not be in effect for any payments made on or after separation from El Paso Community College.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
- I understand that if the direct deposit form is not in the Payroll Department before the payroll cut off date, then direct deposit will take longer to process.

For Students:

- I authorize El Paso Community College to deposit by electronic transfer all monies owed to me to my account at the financial institution designated below.
- I understand it is my responsibility to notify Accounts Payable at EPCC immediately if I become aware of any changes in status or banking information or if I believe there is a discrepancy between the amount deposited directly to my bank account and the amount of the invoice paid.
- I understand that it is my responsibility to ensure funds availability with my respective banking institution. El Paso Community College is not liable for any fees associated with insufficient funds charges.

Steps to Follow:

- (1) Complete the upper portion of the form, read information, sign and date.
- (2) Attach voided check for checking account and for savings account a copy of savings account card information. Do not attach deposit slips.
- (3) Submit the completed form to the El Paso Community College Payroll Office (Employee) or the Financial Aid Office (Student).
- (4) Pay notification will be posted on the student's EPCC Campus Smart Start Network e-mail address.

SIGNATURE _____ DATE _____