



PLEASE SELECT ONE:
<input type="checkbox"/> New
<input type="checkbox"/> Revision
<input type="checkbox"/> Cancellation
All actions above must be done in person

STUDENT DIRECT DEPOSIT AUTHORIZATION

PRINT Name (Last, First, Initial)	EPCC ID No./ SSN	Work Phone	Home Phone
Mailing Address	City/State	ZIP	

NOTE: If 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.

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

PLEASE CHECK ONE

CHECKING ACCOUNT SAVINGS ACCOUNT

Financial Institution Name:	City & State:
Financial Institution Routing/Transit Number:	Account Number:

- I authorize El Paso Community College to deposit by electronic transfer all monies owed to me to my account at the financial institution designated above.
- 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 I am entitled to.**
- I understand that it is my responsibility to ensure funds availability with my respective financial institution. El Paso Community College is not liable for any fees associated with insufficient funds charges.

Steps to Follow:

- Complete the upper portion of the form, read information, sign and date.
- Attach a voided check for checking account or a Direct Deposit Enrollment Form from your financial institution. Do not attach a deposit slip.**
- Submit the completed form by emailing it to aalvar62@epcc.edu**
- To protect your privacy, you must submit a valid government issued photo ID, but not limited to driver's license, other state-issued ID, or passport in the email.**
- Pay notification will be posted on the student's EPCC Campus Smart Start Network e-mail address.

SIGNATURE _____

DATE _____