

# Barton Community College

## Electronic Payroll Deposit Enrollment/Change Form

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Please check one:

- New Enrollment: Complete Sections A, B and C. **Attach voided check** or an **Authorization Agreement for Automatic Deposits** (obtained from your bank or credit union). *Please note: The College does not send direct deposit transactions to foreign banks or foreign credit unions.*
  - Change of present financial institution and/or account: Complete Sections A, B and C. **Attach voided check** or an **Authorization Agreement for Automatic Deposits** (obtained from your bank or credit union). *Please note: The College does not send direct deposit transactions to foreign banks or foreign credit unions.*
  - Do not wish to participate: Complete Section A and C.
  - Cancel participation: Complete Section A and C.
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### Section A – Employee Information

Please Print:

Name: \_\_\_\_\_  
                                Last  First  Middle

Social Security # or Barton ID: \_\_\_\_\_

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### Section B - Account Information

I, the undersigned, authorize and request Barton Community College to have my salary deposited directly to my checking or savings account as indicated below. I also authorize and request my financial institution to credit the same to my account. I agree that my financial institution is not responsible for the correctness of any direct deposits to my account by Barton Community College and shall not hold it liable for crediting my account accordingly. Should an over deposit be made, the Financial Institution is authorized to debit such account and return to Barton Community College the amount of any such overage.

This authority is to remain in full effect until Barton Community College has received written notification from me of its termination in such time and manner as to afford Barton Community College and the Financial Institution a reasonable opportunity to act on it. Termination of employment also voids this agreement.

The following account shall be credited with my net pay:

Financial Institution:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Checking Account    or     Savings Account

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### Section C – Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date