

PASSAIC COUNTY COMMUNITY COLLEGE

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Employee Bank: _____

Bank Routing Number: _____

***Checking** Account Number: _____

Amount to Be Deposited in **Checking** Account: _____

***Savings** Account Number: _____

Savings Account Bank Routing Number: _____

Amount to Be Deposited in **Savings** Account: _____

EMPLOYEE SIGNATURE

DATE

***PLEASE ATTACH COPY OF VOIDED CHECK OR BANK DIRECT DEPOSIT AUTHORIZATION**

Note: There is a processing delay of 1 pay period to establish direct deposit.