BUTTE-GLENN COMMUNITY COLLEGE

Employee's Authorization
Direct Deposit Of Payroll

Please complete and return to the Payroll Department.

I authorize you and the financial institution listed below to deposit my pay automatically to my ☐ Checking Account ☐ Savings Account each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford you a reasonable opportunity to act on it. ☐ New Request ☐ Change

Position Status: ❑ FT – Regular ❑ Associate Faculty

Social Security No _____ **OR** Colleague ID _____

Name (PLEASE PRINT) _____

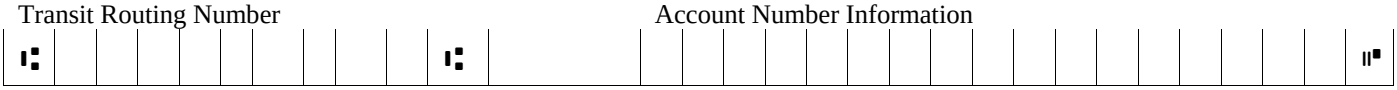
Signature _____ Date _____

Please attach one of your voided personal checks.

Note: Month 1 – Your account number and bank routing number will be verified electronically by your bank.
You will receive a regular paycheck by mail.
Month 2 – Your paycheck will be deposited electronically.

TO BE COMPLETED BY YOUR PAYROLL OFFICE

Transit Routing Number Account Number Information



PR-18 (Rev 7/04)

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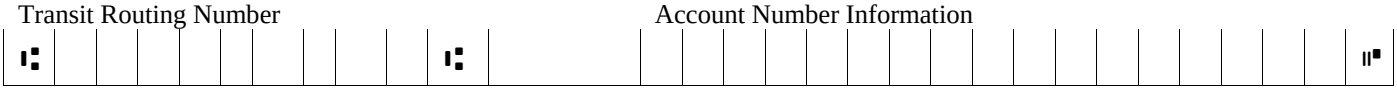

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