## LANE COMMUNITY COLLEGE PAYROLL DIRECT DEPOSIT AUTHORIZATION

Direct deposit change	lew Request	ay period to tak	e effect. Therefore,
	er check while your account is validate	_	
L#:			_
Name:	Work		
SS#:	Ema	Email:	
WE ARE UNABLE TO PROCESS INCOMPLETE FORMS			
<ul> <li>Please fill out the form in its entirety.</li> <li>Staple a voided check to this form for the setup of all checking accounts.</li> <li>For checking accounts, the bank routing number is the first 9 digits listed on the bottom of your check. For savings accounts, please contact your bank to obtain the routing number.</li> <li>For multiple accounts, please list them in the order of funding preference.</li> <li>If this is a change to an existing authorization, please complete the entire form as though you are setting it up for the first time.</li> <li>Sign, date and return the form to Human Resources.</li> </ul>			
Bank Name: Bank Routing #: Account #:		Account Type:	☐Checking ☐Savings
\$or-	% of your net pay to I	•	to this account
Bank Name: Bank Routing #: Account #:		Account Type:	Savings
\$or-	% of your net pay to I	be deposited ir	to this account
•••••	•••••	•••••	•••••
Bank Routing #:	A	Account Type:	☐Checking ☐Savings
\$or-	% of your net pay to I		
Signature		Date	e
	Payroll Office Use Only		
Entered by:		Date:	