Direct Deposit of Payroll
Enrollment/Change Form

COMPLETE ALL FIELDS BELOW: *indicates required field*

*First Name: _____ ***M.I.:** _____ ***Last Name:** _____

*Last 4 Digits of SS#: XXX-XX-_____ ***PID Number:** _____

*Campus: _____ ***Daytime Phone:** _____

Sign and return the completed form to Payroll along with required documentation (see below)
CHECK ALL BOXES THAT APPLY:

☐ **New Enrollment**

☐ **Change/Cancel Primary Account**

☐ **Change/Cancel Secondary Account**

Documentation is REQUIRED, as follows:

➲ For checking accounts, include a **voided** check clearly showing your name, ABA and account number.

➲ For savings accounts, include a letter or a direct deposit authorization form from your financial institution that verifies the ABA routing number and appropriate account number.

➲ All documentation must be prepared by your financial institution. **No hand written documents** will be accepted unless endorsed by the bank.

- If you want the **entire** amount of your net pay deposited into one account, complete the "Primary Account" section only.

- If you want a **fixed dollar amount** deposited into an account, with the balance deposited into another account, complete the "Secondary Account" (for the fixed dollar amount) AND the "Primary Account" section (for the balance).

- If you have more than two accounts for direct deposit, please print and fill out a second form.

PRIMARY ACCOUNT	SECONDARY ACCOUNT
*Bank, Credit Union, or Savings and Loan Name:	*Bank, Credit Union, or Savings and Loan Name:
City State: Zip:	City State: Zip:
*Routing/Transit No. (1st 9 digits of MICR-encoding from bottom of check):	*Routing/Transit No. (1st 9 digits of MICR-encoding from bottom of check):
*Account Number:	*Account Number:
*Type of Account (Check One):	*Type of Account (Check One):
○ Checking ○ Savings	○ Checking ○ Savings
Required Information	*Fixed Amount to be Deposited to this Account PER Pay Period: $ _____

I hereby authorize my employer, Florida State College at Jacksonville to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking and/or savings account(s) at the financial institution(s) named above. I understand that I am solely responsible for the accuracy of the information I have submitted on this form. It is my responsibility to notify my employer of any changes or corrections to my bank account information. I understand that my request will be processed for the pay date following the date my enrollment or change request is received by the Payroll office.

I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution(s).

Employee Signature: _____ Date: _____