

**Maine Community College System
Authorization Agreement for Direct Deposit**

FORM TO BE DROPPED OFF TO THE YCCC PAYROLL DEPARTMENT IN THE BUSINESS OFFICE.

I hereby authorize and request the Maine Community College System, herein called the MCCS, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below. In the event of any overpayment in error, I hereby authorize the MCCS to initiate correction of my account in the amount of such payment in error.

It is understood that this agreement may be terminated by me at any time by notification to MCCS. Any such notification to MCCS shall be effective after receipt of such notification and a reasonable opportunity to act on it.

Employee Name: _____

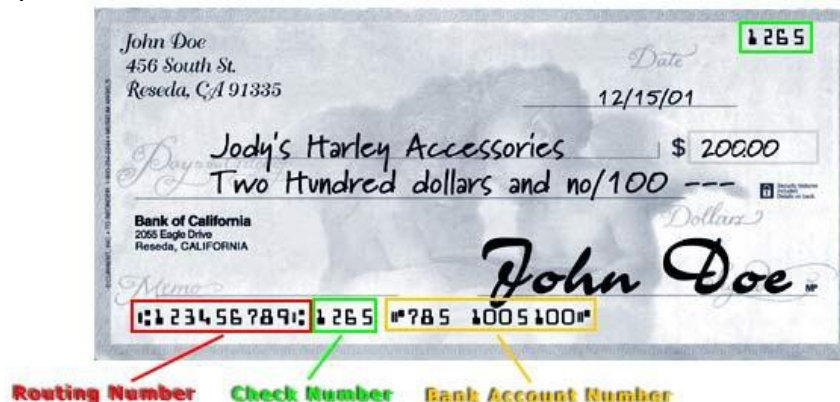
NOTE: *It will take one payroll for bank notification: Your first pay check will be a "LIVE" check.*

Name of Bank:	<u>Employee's Bank Information</u>
Type of Account:	_____ Checking _____ Savings
Routing Number:	_____ Account Number: _____
Amount to Deposit:	_____ Net Pay _____ Payroll Deduction in the amount of \$ _____

Name of Bank:	
Type of Account:	_____ Checking _____ Savings
Routing Number:	_____ Account Number: _____
Amount to Deposit:	_____ Net Pay _____ Payroll Deduction in the amount of \$ _____

Signature of Employee

Date



Please attach a voided check