



DIRECT DEPOSIT REQUEST FORM

(Please forward to payroll)

Start		Change		Stop	
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(CHECK ONE BOX ABOVE)

NOTE: After Payroll receives this form the bank will do be a “Test” deposit. Therefore, you’ll still receive a “Live” check. The second month your check will be direct deposited.

PRINT FULL LEGAL NAME _____ G# _____

EMPLOYEE PHONE NUMBER _____

BANK ACCOUNT # 1

BANK NAME _____ ACCT # _____ ROUTING # _____

DOLLAR AMOUNT OR “ALL” _____

BANK ACCOUNT # 2 (Optional) – Remaining balance will be deposited to this account

BANK NAME _____ ACCT # _____ ROUTING # _____

Please attach voided check(s) here

By signing below you are authorizing Gavilan College to direct deposit your payroll check. You are also authorizing them the right to instruct your financial institution to return funds that are deposited to your account in error. In addition, you authorize your financial institution to act on the request to return the funds to Gavilan. This authorization will remain in effect until Gavilan College has received written notification from you to terminate and that Gavilan College and your financial institution have reasonable time to act.

SIGNATURE _____ DATE _____