



# COAHOMA COMMUNITY COLLEGE

*On a mission...*

## Payroll Direct Deposit Authorization

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Authorization type (select one):    New \_\_\_\_    Change \_\_\_\_    Cancel \_\_\_\_

Account type (select one):    Checking \_\_\_\_    Savings \_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Percentage or dollar amount to Be Deposited Into this Account: \_\_\_\_\_  
**(Enter percentage only if you have authorized deposits for more than one account).**

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I, \_\_\_\_\_, authorize Coahoma Community College  
**Authorized Signature**

and the financial institution to deposit my net pay electronically into my account each payday. If funds which I am not entitled to are deposited into my account, I authorize Coahoma Community College to direct the bank to return said funds. This authority will remain in effect until I have filed a new authorization.

\_\_\_\_\_  
Date