LAKELAND COMMUNITY COLLEGE AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSIT

I authorize Lakeland Community College to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account (s) indicated below. This authorization will remain in effect until Lakeland Community College receives written notice of its termination from me and has a reasonable opportunity to act upon it.

rint Name:		Lakeland ID#
Signature:		_ Date:
note "Entire Balance" in the space next to "Am amount for the first account and designate "R	ount". For pay to emaining Balance	e or more accounts. If depositing into one accounts obe deposited into two accounts, specify a dolla e" as the amount to be deposited into the other e contact the Payroll Department at 440.525.724
		of your pay into your bank account(s). To chang ement to the Payroll Department in Room A-2004.
I am a new employee setting up a direct de	posit.	
I am closing my current direct deposit with information completed below.	(name of bank) ar	nd establishing a new direct deposit with the
I am making a change to my direct deposit	arrangement.	
Financial Institution Name		
City	State	Zip
Check One: checking account (attach voi	ded check) OR _	savings account
Routing/Transit Number		
Account Number		
Amount \$		
ADDITIONAL INFORMATION TO DEPOS	IT INTO A SEC	OND ACCOUNT:
Financial Institution Name		-
City	State	Zip
Check One: checking account (attach voi	ded check) OR _	savings account
Routing/Transit Number		
Account Number		
Amount \$		

ATTACH VOIDED CHECK/S HERE:

You **MUST** submit a voided check or an authorization form for direct deposit from your bank.