

# Community College *of* Philadelphia

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## PAYROLL DIRECT DEPOSIT

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For your convenience, Community College offers its employees direct deposit of payroll checks. With direct deposit, you do not have to worry about "check pickup." Your earnings are automatically deposited in your account every payday and a statement of earnings can be obtained via MY CCP WEBSITE. We encourage direct deposit participation. If you have any questions, please call the Payroll Department at ext. 8120, 8122, 8123, 8124.

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### Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Community College of Philadelphia, hereinafter called "The College", to initiate credit entries (Direct Deposit) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

The authorization **will remain in effect until I give written notice to the Payroll Department to either change or terminate this authorization.** The College is held harmless against any and all claims, demands, suits, or other forms of liability related to the electronic transfer of paychecks. There will be no early issuance of pay for employees authorizing direct deposit.

**PLEASE ATTACH A VOID CHECK OR OTHER PROOF FOR EACH ACCOUNT ON THIS FORM.**

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Employee Name \_\_\_\_\_

BANNER ID J #: \_\_\_\_\_ Soc. Sec. # (last 4 numbers) \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Checking  Savings  Amount: \$ \_\_\_\_\_ or Percent: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Checking  Savings  Amount: \$ \_\_\_\_\_ or Percent: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Checking  Savings  Amount: \$ \_\_\_\_\_ or Percent: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Checking  Savings  Amount: \$ \_\_\_\_\_ or Percent: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Joint owner) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO PAYROLL, M1-2**