

**GEORGIA HIGHLANDS COLLEGE**  
**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

<b>NAME:</b>
<b>DEPARTMENT:</b>
<b>CAMPUS LOCATION:</b>

EMPLOYEE INFORMATION:  STUDENT  STAFF  FACULTY

OPTION 1  ADD  CHANGE  CANCEL

ACCOUNT TYPE:  CHECKING  SAVINGS

<b>FINANCIAL INSTITUTION NAME:</b>
<b>ACCOUNT NUMBER:</b>
<b>AMOUNT TO DEPOSIT PER PAY PERIOD:</b>

OPTION 2  ADD  CHANGE  CANCEL

ACCOUNT TYPE:  CHECKING  SAVINGS

<b>FINANCIAL INSTITUTION NAME:</b>
<b>ACCOUNT NUMBER:</b>
<b>AMOUNT TO DEPOSIT PER PAY PERIOD:</b>

OPTION 3  ADD  CHANGE  CANCEL

ACCOUNT TYPE:  CHECKING  SAVINGS

<b>FINANCIAL INSTITUTION NAME:</b>
<b>ACCOUNT NUMBER:</b>
<b>AMOUNT TO DEPOSIT PER PAY PERIOD:</b>

I authorize Georgia Highlands College to credit my account using Direct Deposit for my net pay each pay period and make the necessary debit or credit adjustments in case of error. I have attached a voided or cancelled check with my name and financial institution. According to policy, I will notify Georgia Highlands College in sufficient time to modify the payment instructions should I change banks, account numbers or leave the institution.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach voided check for checking account or voided deposit ticket for savings account.

**\*We cannot process without a voided check for checking or voided deposit ticket for savings.**