

KIRTLAND COMMUNITY COLLEGE

AUTHORIZATION FOR DIRECT DEPOSIT – PAYABLES

Name: _____ Employee ID Number _____

I hereby authorize Kirtland Community College to direct deposit my reimbursement and advance payments into my account at the financial institution below until further notice. I further hold Kirtland Community College harmless for any claims or actions arising from such deduction.

- Deposits are made into a checking or savings account only. Deposits may not be split between more than one account. Please indicate your choice:

Checking Account ***OR*** Savings Account

- Name of Financial Institution: _____
- Bank Routing Number (9 digits): _____
- Account Number: _____

Employee Signature

Date

Your Name	CK NO 999
Your Address	Date: _____
Your City	
Pay to the	
Order of: _____	\$ _____
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">VOID</div>	
	_____ DOLLARS
Your Bank Name	
Bank Address	
MEMO _____	
: 1 2 3 4 5 6 7 8 9 : 0 0 0 5 4 3 2 1 999	

↑
9 Digit Routing #

↑
Account #

↑
Check #