

**ULSTER COUNTY COMMUNITY COLLEGE  
ELECTRONIC FUND TRANSFER DIRECT DEPOSIT AUTHORIZATION FORM**

Please complete Section I and attached a voided check. Otherwise, your financial institution MUST verify the information in SECTION I and complete SECTION II.

Please forward the completed form to the UCCC Payroll Dept.

**SECTION I: TO BE COMPLETED BY EMPLOYEE**

<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NAME AND PERMANENT ADDRESS	
	Employee ID # (Uxxxxxxxx) U _____
BANK ACCOUNT NUMBER	

I AUTHORIZE DEPOSIT OF MY BIWEEKLY PAYCHECK TO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW.

EMPLOYEE SIGNATURE	DATE
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**SECTION II: TO BE COMPLETED BY THE FINANCIAL INSTITUTION OR ATTACH A VOIDED CHECK**

TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	TRANSIT/ABA ROUTING NUMBER	CHECK DIGIT
NAME/ADDRESS OF FINANCIAL INSTITUTION	_____	_____
ACCOUNT TITLE	DEPOSITOR'S ACCOUNT NUMBER (EFT FORMAT)	

I CONFIRM THE ABOVE NAMED ACCOUNT HOLDER/NUMBER/TITLE

_____ BANK OFFICER'S NAME	_____ SIGNATURE
_____ TITLE	_____ DATE
_____ TELEPHONE NUMBER	

**\*UCCC RESERVES THE RIGHT TO MAKE ADJUSTMENTS TO RECOVER ANY OVERPAYMENTS THAT MAY OCCUR.**