



FACULTY-STUDENT ASSOCIATION OF WESTCHESTER COMMUNITY COLLEGE, INC.

Direct Deposit Agreement Form

Authorization Agreement

I, _____ hereby authorize **The Faculty Student Association of Westchester Community College, Inc.** to initiate automatic deposits to my account at the financial institution named below. I understand that it takes two pay periods before the direct deposits go into effect. I also authorize **The Faculty Student Association of Westchester Community College, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The Faculty Student Association of Westchester Community College, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The Faculty Student Association of Westchester Community College, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Type: Checking Savings

Account Number: _____

Full Deposit: Yes No

Amount of Deposit (If Partial): _____

Signature and Attach Documents

Authorized Signature: _____ Date: _____

Please attach a voided check or deposit slip from your bank account.