



CAPE FEAR COMMUNITY COLLEGE FULL TIME EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

TYPE OF REQUEST:

☐ Enroll in Direct Deposit

☐ Change Direct Deposit

Cape Fear Community College Employee Handbook [Electronic Direct Deposit Policy](#) states that payment of net wages by direct deposit via electronic funds transfer (EFT) is mandatory and a continuing condition of employment for all employees.

The electronic funds transfer system requires a step known as pre-notification. During this process, your financial institution verifies your account type and number prior to receiving any funds. This procedure occurs when a new direct deposit election is made **and/or** when a bank **or** account number is changed for an existing direct deposit. Pre-notification may take at least one pay period for account verification. Until direct deposit begins, you will receive a paper payroll check.

By electing direct deposit, you agree to receive your pay advice via WebAdvisor instead of a paper copy. **IMPORTANT:** If you change your bank account, it is your responsibility to notify us immediately or you run the risk of not receiving your pay on time. A process is available for employees seeking a hardship exemption from the direct deposit requirement. For more details, contact Payroll.

Please type or print except for signature

Employee ID # / Social Security #	First Name	MI	Last Name

Pursuant to the Federal Privacy Act of 1974, you are notified that disclosure of your SSN is mandatory for processing automatic deposits.

Full Time Employees may have a maximum of two direct deposit accounts

First Deposit: ☐ Fixed Dollar Amount \$ per pay period **OR** ☐ Net Pay

☐ Checking **OR** ☐ Savings

Name of Financial Institution/Bank

Bank ACH Routing Transit Number

Account number

Second Deposit: ☒ Remainder

☐ Checking **OR** ☐ Savings

Name of Financial Institution/Bank

Bank ACH Routing Transit Number

Account number

I authorize CAPE FEAR COMMUNITY COLLEGE to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, automatically to the account(s) noted above. This authorization is to remain in effect until changed by me, in writing, by submission of a new Direct Deposit Authorization Form to Payroll.

SIGNATURE _____

DATE _____

REQUIRED FOR EACH ACCOUNT LISTED ABOVE
ATTACH PREPRINTED BANK LETTER OR
PREPRINTED VOIDED CHECK FOR CHECKING ACCOUNTS

ATTACH PREPRINTED BANK LETTER OR
PREPRINTED DEPOSIT SLIP FOR SAVINGS ACCOUNTS