



Direct Deposit Sign-Up

Employee Name: _____

Employee ID: _____

I hereby authorize Ilisagvik College, to initiate credit entries for net payroll and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depositories named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Distribution Type (Check 1)

☐

Fixed Amount

☐

Percent of net pay

Account	Depository Name	Transit/Routing #	Account #	Type C/S	Amount	Percentage
Primary						
2nd Account						
3rd Account						
4th Account						
5th Account						
6th Account						

This authority is to remain in full force until Ilisagvik College has received written notification from me of its termination in such time and in such manner to afford Ilisagvik College and DEPOSITORY a reasonable opportunity to act on it.

Must be accompanied by VOIDED CHECK OR BANK CERTIFICATION FORM

Signature: _____

Date: _____