SOUTHERN STATE COMMUNITY COLLEGE

Direct Deposit Authorization Form

Employee Name: _____ _____ _____
Last First MI

Employee ID #: _____

Account Type	Routing No.	Account No.	Percent or Flat Amount
Checking			
Checking			
Savings			
Savings			

*Please attach void check in space provided below

I do hereby grant Southern State Community College authority to deposit my pay electronically.

Signature: _____ Date: _____

** Any Changes to this information should be submitted in writing.*

Attach Void Check Here:

** Please contact the SSCC Webmaster at webmaster@sscc.edu for suggested updates or changes to this form **