

TECHNICAL COLLEGE OF THE LOWCOUNTRY
DIRECT DEPOSIT REQUEST

NEW _____ ADD 2nd ACCOUNT _____ STOP _____ CHANGE _____

EMPLOYEE NAME: _____ EMPLOYEE SS# _____

I authorize the Technical College of the Lowcountry and the Financial Institution named below to initiate credit entries to my Checking and/or Savings Account indicated below. In the event of overpayment to my account, I authorize the Technical College of the Lowcountry to make an adjustment debit entry to my account up to the amount of overpayment.

If selecting only ONE account, you must indicate "Net Pay" for the Amount of Deposit.
If selecting TWO accounts, you must indicate the amount of deposit for one account and "remainder" for the other account.

ACCOUNT #1

(Select one) Checking Savings

Amount of Deposit \$ _____ per payday

TAPE A VOIDED CHECK HERE

If this account does not have checks, please attach a form from your financial institution certifying the account and routing numbers.

ACCOUNT #2

(Select one) Checking Savings

Amount of Deposit \$ _____ per payday

TAPE A VOIDED CHECK HERE

If this account does not have checks, please attach a form from your financial institution certifying the account and routing numbers.

This request is to remain in full force and effect until the Technical College of the Lowcountry has received written notification from me of its termination in such time and in such manner as to afford the Technical College of the Lowcountry reasonable opportunity to act upon it.

SIGNATURE OF EMPLOYEE: _____

DATE: _____