

DES MOINES AREA COMMUNITY COLLEGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Direct Deposit is required for all employees. Pay may be delayed by not returning this form in a timely manner.

EMPLOYEE NAME (PLEASE PRINT) _____

Employee ID# or last 4 digits of Social Security Number _____

MAILING ADDRESS _____

- New
- Changing current agreement Effective Date of Change _____

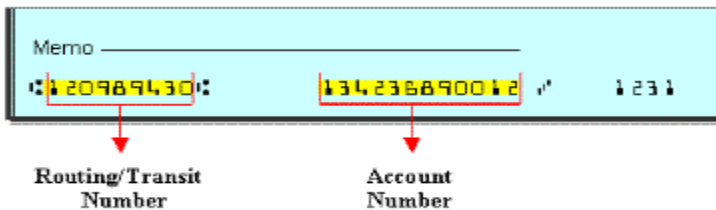
EMAIL or PHONE _____

I hereby authorize Des Moines Area Community College to make direct deposits to my account as indicated below. I further authorize Des Moines Area Community College to mail my paycheck to the address above in the event that a paper check is issued.

Please check here if you receive your direct deposit at a U.S. Bank and then have the entire amount forwarded to a bank in another country. These transactions will require special formatting with the bank.

I understand that I will be paid on the 15th and the last day of each month (pay on preceding work day if 15th or last day fall on weekend) and that this may occasionally exceed twelve days after the end of the work period.

SIGNATURE _____ *DATE* _____



Students, please note that the number on your DMACC Higher One card is not the same as your account number!

PRIORITY #1 FINANCIAL INSTITUTION _____

CHECKING SAVINGS

ROUTING # _____ ACCOUNT # _____

\$ AMOUNT _____ or PERCENTAGE _____

PRIORITY #2 FINANCIAL INSTITUTION _____

CHECKING SAVINGS

ROUTING # _____ ACCOUNT # _____

\$ AMOUNT _____ or PERCENTAGE _____

If more than 2 financial institutions, use back side and indicate which account should have priority.

Please return this form with a VOIDED CHECK (not a deposit slip) or BANK DOCUMENTATION with your routing and account information to the DMACC Payroll Department - Bldg #1, 2006 S. Ankeny Blvd, Ankeny, Iowa, 50023. Phone: (515) 964-6287 or Fax: (515) 965-7316.