

HAGERSTOWN COMMUNITY COLLEGE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR
PAYROLL/EMPLOYEE REIMBURSEMENTS

I hereby authorize Hagerstown Community College to initiate credit entries and if necessary, debit entries and adjustments for credit entries made in error, to the bank account listed below. I understand that this authorization will remain in effect until I forward written notification to Hagerstown Community College requesting termination of this service, allowing sufficient time for Hagerstown Community College to process my request.

HCC Employee ID #: _____

Name: (Please Print) _____

HCC E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Select One Account Type: (Please Check) _____ Savings _____ Checking

Bank Routing #: _____ Bank Account #: _____

Bank Name _____

Authorized Signature _____ Date _____