

Direct Deposit Instructions Please Read Carefully

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit <u>all</u> of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

	nk Routing ABA digit number)	Account Type Checking/Savings	Account #	Will be 100% of net pay
1.	123456789	Checking	00098756452	100%

If you want your earnings to be distributed to 2 different accounts (all fields required)

	k Routing ABA igit number)	Account Type Checking/Savings	Account #	One account must be \$ amount and 2 nd account must be Bal of net pay
1.	123456789	Savings	00098756452	\$50.00
2.	987654321	Checking	00025465787	Bal of net pay

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay <u>must</u> be entirely Direct Deposit or entirely live check.

Mail the form to: District Support Services OR FAX to: 480-731-8405

Attn: Payroll 2411 W 14th Street Tempe, AZ 85281

Or your may take your form to your Campus HR Department and they will send it to the District Office for you.

Direct Deposit will be cancelled for adjunct faculty, students and temporary employee's if they have not received pay in the last four (4) months.



Direct Deposit Authorization/Change Form

Please fill in all information

Choose One: N	ſew A	.dd Ch	ange	Stop					
Employee Name:_ Please Print	Last Name		First Name						
Social Security # or Employee ID Campus Location									
(1) Bank Name (Re	equired):		Bank Branch Phone #						
(2) Bank Name (Required):			Bank Branch Phone #						
(All Fields are Required)									
Bank Routing ABA (9 digit number)		Type g/Savings	Account #		For two accounts: One needs to be \$ amount & second acct. must be Bal of net pay				
1.									
2.									
I (we) hereby authorize MCCCD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account and the deposit names above, to credit and/or debit the same such account. I (we) understand this remains in effect until written notice of cancellation is submitted.									
Signature:Required			Daytime Phone #						
Required									
Payroll Use Only Date Processedby									

Please attach the acceptable forms of documentation

For Checking Accounts:

1. Voided Check or Copy of Bank Account Identification (must show routing number as well as Account number)

For Savings Accounts:

- 1. Copy of Bank Account Identification (must show Routing number as well as Account number)
- 2. Deposit slips will not be accepted

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