

DIRECT DEPOSIT REQUEST FORM

(Please forward to payroll)

Start		Change		Stop	
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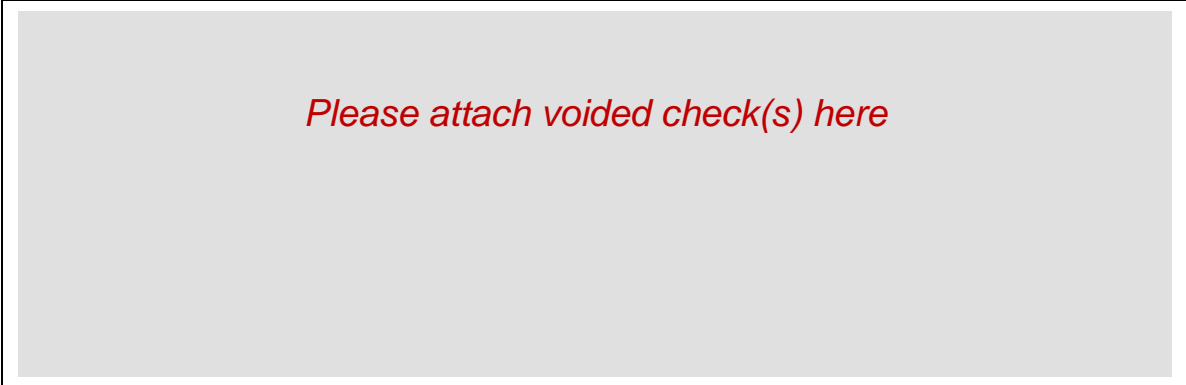
(CHECK ONE BOX ABOVE)

NOTE: After Payroll receives this form, the bank will do a "Test" deposit. Therefore, you'll still receive a "Live" check for one more pay period. The second month your check will be direct deposited.

G# _____
PRINT FULL LEGAL NAME _____
EMPLOYEE PHONE NUMBER _____

BANK ACCOUNT # 1
CHECKING OR SAVINGS _____
BANK NAME _____
ACCT # _____ ROUTING # (on check) _____
DOLLAR AMOUNT OR "ALL" _____

BANK ACCOUNT # 2 (Optional)
CHECKING OR SAVINGS _____
BANK NAME _____
ACCT # _____ ROUTING # (on check) _____
DOLLAR AMOUNT OR "ALL" _____



By signing below you are authorizing Gavilan College to direct deposit your payroll check. You are also authorizing them the right to instruct your financial institution to return funds that are deposited to your account in error. In addition, you authorize your financial institution to act on the request to return the funds to Gavilan. This authorization will remain in effect until Gavilan College has received written notification from you to terminate and that Gavilan College and your financial institution have reasonable time to act.

SIGNATURE _____ DATE _____