

# MACON STATE COLLEGE

## Direct Deposit Authorization Form

ATTACH VOIDED CHECK(S) HERE

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Do you also want to update your Travel/Reimbursement Direct Deposit information?

Please check the appropriate box: Yes  (If 'Yes', complete form on next page) No

### Account #1

Checking  Savings

\_\_\_\_\_ % Flat Amount \$ \_\_\_\_\_

Primary Account #: \_\_\_\_\_

### Account #2

Checking  Savings

\_\_\_\_\_ % Flat Amount \$ \_\_\_\_\_

Secondary Account #: \_\_\_\_\_

By signing below, I authorize Macon State College to direct deposit my paycheck to the bank account(s) listed above. I understand that this will continue until otherwise directed in writing.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date