



DIRECT DEPOSIT FORM

<p>Check one of the following boxes:</p> <p>1. New Subscriber <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>2. <input type="checkbox"/> Bank/Account Change</p> <p>3. <input type="checkbox"/> Termination</p> <p>4. <input type="checkbox"/> Refusal</p>	<hr/> <p>Name of Financial Institution</p> <hr/> <p>Branch Street Address</p> <hr/> <p>City State Zip</p> <hr/> <p>Transit/ABAH Account Number</p>
<hr/> <p>Employee's Name on Account Social Security Number</p>	
<p>I hereby authorize the direct deposit of my net pay by Horry-Georgetown Technical College in the account and financial institution indicated above. I have attached a voided check or enclosed direct deposit slip for verification of account numbers. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to Horry-Georgetown Technical College. Any such notification to Horry-Georgetown Technical College shall become effective following receipt, after a reasonable opportunity to act on it.</p>	
<hr/> <p style="text-align: center;">Date Employee's Signature</p>	
<p>For payroll use only: Effective Payroll: _____ Processed by Payroll: _____ (Initials) Date: _____</p>	

****Please attach a VOIDED CHECK to the form – NO DEPOSIT SLIPS****