

## **Federal Work Study - Direct Deposit - EFT Authorization Form**

I hereby authorize Cloud County Community College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Cloud County Community College has received written notification from me of its termination or (inactive student account for a two year period) in such time and in such manner as to afford Cloud County Community College and Depository a reasonable opportunity to act on it.

<b>Student Name</b>	<b>Financial Institution Name (Your Bank Name)</b>
<b>Social Security Number and Student ID#</b>	<b>Financial Institution Address and Phone Number</b>

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

### **Please Check**

I wish to receive my Federal Work Study Paycheck by direct deposit and I am **not currently** participating in the Direct Deposit ~EFT program for Federal Work Study.

Add ~ Deposit my Federal Work Study Paycheck to the account shown.

**If you close this account, please notify the Human Resource Assistant immediately.**

I **am currently** participating in the Direct Deposit ~ EFT program for Federal Work Study and would like to make changes to my account information.

Change ~ Change Financial Institutions and/or account number.

Change ~ Stop my participation in the program.

Due to time required for company and bank processing, please allow two weeks for processing.

\*\*\*\*\***IMPORTANT** ~ Please check type of account  Checking  Savings

**Please tape your voided check here and return to Human Resources.**  
**If you do not have a voided check please list your bank's routing number and your account number.**