



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

Employment Status: Full-Time Adjunct Student

Employee Name: _____ Employee ID# _____

Department: _____ Telephone: _____

I HEARBY AUTHORIZE PENSACOLA STATE COLLEGE TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY:

DEPOSIT			
Type of Request	New Set-Up	Change	Cancellation
Account Type	Checking	Savings	
Financial Institution Name	_____		
Branch Number	_____		
Branch Location	_____		
Financial Institution Phone Number	_____		
Account Number	_____		
ABA Routing Number	_____		

VOIDED CHECK OR DIRECT DEPOSIT ENROLLMENT SLIP MUST BE ATTACHED (except for cancellations)

This authority is to remain in full force and effect until Pensacola State College has received written notification from me of its termination in such time and in such manner as to afford Pensacola State College and the financial institution a reasonable opportunity to act on it.

Note: In an effort to expedite the efficient processing of your direct deposit request, the direct deposit is set up as a pre-note. This allows Pensacola State College and the financial institution the opportunity to ensure that all information is transmitted accurately. Therefore a hard copy (paper) check is issued for the pay period following the direct deposit set-up or change.

_____ (Please Initial) I acknowledge that my first pay-check will be a paper check that has to be picked up from the Bursar's office on any of our three campuses. Please indicate which location you prefer.

First check pick up location: PENSACOLA MILTON WARRINGTON

Signature: _____ **Date:** _____