



Payroll Direct Deposit Authorization/Change Form

I understand that Pulaski Technical College is not responsible for the accuracy of the information in the sections below and inaccurate information will delay the implementation of the direct depositing.

Employee Name _____ ID # _____

Home Phone (____) _____ Work Phone (____) _____ Department _____

Please indicate below how you, the undersigned employee of Pulaski Technical College, wish your paycheck to be disbursed.
NOTE: Any future changes to your initial decisions must also be completed on this form.

Section I - Request For Method of Salary Disbursement For Payroll

As an employee of Pulaski Technical College, I am authorizing the Payroll Department to disburse all payments as follows:

- PICK- UP CHECK
 DIRECT DEPOSIT
 PICK-UP STUB (BUSINESS OFFICE)
 MAIL CHECK TO HOME
 EMAIL STUB (PTC EMAIL ONLY)

Section II – Employee Authorization For Direct Deposit Allocation

- New Sign-up
 Change to Current Payroll
 Stop Direct Deposit

I hereby authorize Pulaski Technical College to initiate credit entries and if necessary, debit entries and adjustment for any credit entries in error to the account indicated below at the financial institution(s) named below, herein after called BANK to credit and/or debit the same such account.

Selection	Bank's Name , Routing Number	Account Number	Checking	Savings	Dollar Amount	Percent Allocation
1.			<input type="checkbox"/>	<input type="checkbox"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/>		
3.			<input type="checkbox"/>	<input type="checkbox"/>		
4.			<input type="checkbox"/>	<input type="checkbox"/>		

This authorization is to remain in full force and effect until Pulaski Technical College has received written notification from me of its termination and Pulaski Technical College and BANK have a reasonable opportunity to act on it.

Signature _____

Date _____