



Lehigh Carbon

COMMUNITY COLLEGE

4525 Education Park Drive
Schnecksville, PA 18078-2502

610-799-1738
610-799-1566 (fax)
www.lccc.edu

EMPLOYEE DIRECT DEPOSIT FORM FOR ACCOUNTS PAYABLE

Employee Instructions:

To enroll in direct deposit, complete this form and return to Accounts Payable. Attach a voided check for checking account.

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

EMPLOYEE L# _____ PHONE _____

E-MAIL ADDRESS TO RECEIVE NOTIFICATION _____

I hereby authorize Lehigh Carbon Community College to initiate **credit** entries to my

Checking Account **Savings Account** (select one) indicated at the depository financial institution noted below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

FINANCIAL INSTITUTION NAME

(Name of bank where employee has account)

FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

ROUTING NUMBER

EMPLOYEE'S ACCOUNT NUMBER

This authority is to remain in full effect until company has received written notification from me of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

NAME OF EMPLOYEE *(Please Print)*

SIGNATURE

DATE

NOTE: IN ORDER TO REVOKE AUTHORIZATION, EMPLOYEE MUST PROVIDE WRITTEN NOTIFICATION TO THE ORIGINATOR.