

Direct Deposit ensures your paycheck is available to you EVERY payday.

DELAWARE TECHNICAL & COMMUNITY COLLEGE DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information (validated by Campus Human Resources Department) Campus: []OOTP []Owens []Wilmington []Stanton []Terry

Employee Name _____ Social Security Number _____ Employee ID _____

Direct Deposit Information (validated by the Office of the President Payroll Department)

Instructions: If a single instruction is requested, Direct Deposit will be distributed to the account listed in Section A and that account will receive 100% of net pay. If multiple instructions are requested, both Section B and Section A must be completed. Section A is used to designate the one account to receive any excess funds left over after all other Direct Deposit instructions are processed. For multiple instructions, Direct Deposits will be distributed to the accounts listed Section B in the priority order (1, 2, 3, etc...) indicated and the EXCESS account listed in Section A will be the last instruction processed. A priority number must be designated to each instruction in Section B to authorize multiple accounts. The order of instructions listed on this form is not considered priority order. Use an additional form for more than two accounts listed under Section B. **ALL INFORMATION MUST BE COMPLETED FOR EACH INSTRUCTION ANYTIME THERE IS A CHANGE TO ANY ONE ACCOUNT CURRENTLY ENROLLED.**

REQUIREMENTS for each instruction → If account is established as a Checking Account – a copy of a voided check and/or a document from the financial institution indicating the routing transit and account numbers to be used must be submitted with this form. If account is established as a Savings Account – a copy of the statement and/or a document from the financial institution indicating the routing transit and account numbers to be used must be submitted with this form. ALL Credit Union accounts require a signed Credit Union Direct Deposit Confirmation Document (authorizing the routing transit and account numbers to be used for direct deposit) attached to this DTCC Direct Deposit Authorization Form. The credit union form must be completed by the credit union. Money Market, Internet-Only, Delaware 529, Business, and Non-Employee accounts are permissible for direct deposit. These accounts require the same documentation listed above. Employee must sign each document submitted which serves as authorization for direct deposit to be made to the account indicated.

Section A: Single Account/Excess Account Instruction [the following account is either the only account to be used for Direct Deposit or the account to receive any excess funds left over after all other Direct Deposit instructions are processed in Section B.]

Priority	Percentage	Transit #	Account #	
EXCESS	100%	_____	_____	[] Checking [] Savings
Financial Institution Name _____		Address _____		
		Telephone (_____) _____		

Section B: Multiple Account Instructions [the following account(s) will be processed according to the priority number provided regardless of how they are listed on this form. The account instruction listed in Section A will be processed last and designated as the EXCESS account. Salary employees may elect Amount or Percentage. Hourly employees may elect Percentage ONLY. If Percentage, EXCESS in Section A will adjust to equal 100%.]

Priority	Amount or Percentage	Transit #	Account #	
_____	\$ _____ OR _____ %	_____	_____	[] Checking [] Savings
Financial Institution Name _____		Address _____		
		Telephone (_____) _____		

Priority	Amount or Percentage	Transit #	Account #	
_____	\$ _____ OR _____ %	_____	_____	[] Checking [] Savings
Financial Institution Name _____		Address _____		
		Telephone (_____) _____		

Priority	Amount or Percentage	Transit #	Account #	
_____	\$ _____ OR _____ %	_____	_____	[] Checking [] Savings
Financial Institution Name _____		Address _____		
		Telephone (_____) _____		

I understand that Direct Deposit is a condition of employment for the State of Delaware. I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the financial institution(s) to return said funds. Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated or if the State of Delaware terminates this service. This Direct Deposit Authorization Form replaces any previously submitted form.

I understand I should not close the account(s) listed on my previous Direct Deposit Authorization Form until I receive a "live" paycheck indicating Direct Deposit to the account(s) listed on this updated form should take place with the next paycheck I receive. I understand there will be a delay in receiving my net pay any time my Direct Deposit is sent to an account that I or my financial institution(s) have/has closed or provided incorrect account information.

Employee Signature _____ Date _____ Work Phone _____

For OOTP/Payroll Department Use ONLY:

Date Stamp Received in OOTP/Payroll Department

[] Account Validation (spoke to [1] _____ [2] _____ [3] _____ [4] _____)

[] PHRST/Maintain Payroll/Direct Deposit Update (_____)

DDA (10/19/05)