

Western Nebraska Community College Notification for Payroll Automatic Deposit

This form is to be used by staff members wishing to start auto deposit for the first time OR staff members who are currently on auto deposit and would like to change their allocations. A new form must be completed whenever a change or additional bank allocation is made to your auto deposit.

NAME _____ WNCC ID# _____
(Please Print)

I AUTHORIZE WESTERN NEBRASKA COMMUNITY COLLEGE (WNCC) TO AUTOMATICALLY DEPOSIT MY PAYROLL TO THIS/THESE ACCOUNTS:

Financial Institution _____
Transit Routing # _____ Account # _____
\$ Amount _____ or % Amount _____ or a Remaining Balance _____
 Checking or Savings

Financial Institution _____
Transit Routing # _____ Account # _____
\$ Amount _____ or % Amount _____ or a Remaining Balance _____
 Checking or Savings

Financial Institution _____
Transit Routing # _____ Account # _____
\$ Amount _____ or % Amount _____ or a Remaining Balance _____
 Checking or Savings

NOTE: PLEASE ATTACH DEPOSIT SLIP or VOIDED CHECK FOR NEW ACCOUNTS.

I hereby authorize WNCC to process my pay as an automatic deposit according to the above instructions. This election will become effective one payroll hence and remain in effect until my employment terminates or I formally notify the College or a change in status.

SIGNED _____ DATE _____