

Quinsigamond Community College

PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT INTO EMPLOYEE'S ACCOUNT(S)

SECTION 1: Employee Information

Employee Name: _____

Department ID: QCC8550

FULL TIME
 PART TIME
 BOTH

SECTION 2: Direct Deposit Information (fill in as necessary)

Instructions: Direct deposits are distributed to accounts in order of the priority starting with priority '1'. Designate one (and only one) account to receive any excess funds left over after deposits are processed. If you choose a checking account for any of your priorities, you may staple a voided check for that account in the box provided below.

If you are adding a new account, please list this along with all existing accounts in the order of priority.

Priority	Amount	Net Pay (Check one)	Name of Financial Institution	*Transit #	Account #	Checking/ Savings	L/A*	NEW	Change	DEL**
1	\$_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: To find the Transit number, look at the bottom of your personal check on the left side. You will find the nine-digit transit number there. If it is a savings account, contact your bank/credit union for help.

Section 3: Sign and Return to Human Resources

I choose to receive my bi-weekly payroll advice through the Commonwealth PayInfo website www.PayInfo.state.me.us (available 24 hours). No bi-weekly paper copy will be issued to me by my employer.

I hereby authorize the College and/or the State Treasurer, to deposit my net pay to the financial institution(s) listed above. The College and/or State Treasurer, is also authorized to debit any over deposit or error, which it has caused to be made to my account. The College, State Treasurer or employee may cancel this authorization anytime with proper notice to the Human Resources/Payroll Supervisor. In the absence of bank documentation, my signature certifies the Transit Number(s) and Account Number(s) indicated above are correct as shown.

Employee Signature: _____

Date: _____

NOTE: to find the transit numbers, contact your financial institution for help.

* LEAVE ALONE

** DELETE

