LAKELAND COMMUNITY COLLEGE AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSIT

I authorize Lakeland Community College to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account (s) indicated below. This authorization will remain in effect until Lakeland Community College receives written notice of its termination from me and has a reasonable opportunity to act upon it.

Print Name:	Lakeland ID#	
Signature:	Date:	
note "Entire Balance" in the space next amount for the first account and design	t to "Amount". For pay to gnate "Remaining Balance"	or more accounts. If depositing into one account, be deposited into two accounts, specify a dollar as the amount to be deposited into the other contact the Payroll Department at 440.525.7240
		f your pay into your bank account(s). To change nent to the Payroll Department in Room A-2004.
I am closing my current direct deposi and establishing a new direct deposit	t with (name of bank)	eted below.
_	-	e: changing the dollar amount or adding another
Financial Institution Name		
City	State	Zip
Check One: checking account (at	ttach voided check) OR	savings account
Routing/Transit Number		
Account Number		
Amount \$		
ADDITIONAL INFORMATION TO	DEPOSIT INTO A SECO	ND ACCOUNT:
Financial Institution Name		
City	State	Zip
Check One: checking account (at	ttach voided check) OR	savings account
Routing/Transit Number		
Account Number		
Amount \$		

ATTACH VOIDED CHECK/S HERE: