

Glen Oaks Community College
62249 Shimmel Road
Centreville, MI 49032
(269) 467-9945

Payroll Deduction Authorization

Employee Name: _____

Employee ID: _____

Contact Phone Number: _____

Name of receiving depository Financial Institution: _____

Indicate Action (circle one): R = Replace Deduction (Same Account #, New Amount)
N = New Deduction/Account
D = Discontinue Current Deduction

Type of Account (circle one): Savings Checking

Deduction amount (circle one): Stated amount of \$_____ each pay period or
Remainder of net pay (after other deposits)

Account Number: _____

Transit/Routing Number: _____

ATTACH A COPY OF ONE OF YOUR CHECKS OR A SAVINGS DEPOSIT SLIP. DO NOT ATTACH AN ACTUAL VOIDED CHECK.

I hereby authorize Glen Oaks Community College (GOCC) to deduct the amount described on this form from my pay each payment period and to make deposits to the Financial Institution described herein. This authorization shall remain in effect until written notice of termination is received by the payroll unit or until my present employment with the college is terminated. GOCC is authorized to initiate credit entries (deposits) electronically or by any other commercially accepted method, or to initiate debit entries and adjustments for any credit entries in error to my account under the Rules of the Michigan Automated Clearing House. Deposits to new accounts will commence with the first pay period after receipt of this authorization. Changes to active accounts received prior to the next payroll preparation, such as stopping the account or changing the deduction amount, will take effect immediately. This authorization replaces all prior authorizations which refer to the account number described on this form.

Employee signature: _____

Date: _____