

Authorization for Electronic Deposit of Payment

Section 1 - Transaction Type

<input type="checkbox"/> New Direct Deposit Setup <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Account Type <input type="checkbox"/> Cancellation of Direct Deposit <input type="checkbox"/> Change Email Address
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Section 2 - Payee Identification

Company Name _____	Employer Identification Number _____	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Remittance Address _____	Social Security Number _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City, St, Zip _____	Email Address _____	
Phone Number _____	Contact Name _____	

Section 3 - Financial Institution

Financial Institution Name _____	Type of Account : <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address _____	
City, St, Zip _____	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Contact Name _____	
Phone _____	Routing number (9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 4 - Cancellation

I, the undersigned, hereby cancel the authorization for Butler Community College to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as Butler Community College has reasonable opportunity to act upon it.

Cancellation Reason _____	Date _____
Signature _____	Printed Name/Title _____

Section 5 - Authorized Signature

I, the undersigned, authorize Butler Community College to deposit payments electronically to the financial institution indicated. I also authorize the said financial institution to post these transactions to said account. This authorization shall remain in effect until Butler Community College receives written notification of cancellation from me.

Signature _____	Date _____
Printed Name/Title _____	

Return this form to:

Butler Community College
 Attn: Yolanda Hackler
 901 S Haverhill Rd
 El Dorado, KS 67042

Phone - 316.322.3219
 Fax - 316.323.6010