Direct Deposit Instructions
Please Read Carefully

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit all of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

<table>
<thead>
<tr>
<th>Bank Routing ABA (9 digit number)</th>
<th>Account Type Checking/Savings</th>
<th>Account #</th>
<th>Will be 100% of net pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 123456789</td>
<td>Checking</td>
<td>00098756452</td>
<td>100%</td>
</tr>
</tbody>
</table>

If you want your earnings to be distributed to 2 different accounts (all fields required)

<table>
<thead>
<tr>
<th>Bank Routing ABA (9 digit number)</th>
<th>Account Type Checking/Savings</th>
<th>Account #</th>
<th>One account must be $ amount and 2nd account must be Bal of net pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 123456789</td>
<td>Savings</td>
<td>00098756452</td>
<td>$50.00</td>
</tr>
<tr>
<td>2. 987654321</td>
<td>Checking</td>
<td>00025465787</td>
<td>Bal of net pay</td>
</tr>
</tbody>
</table>

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay must be entirely Direct Deposit or entirely live check.

Mail the form to: District Support Services OR FAX to: 480-731-8405
Attn: Payroll
2411 W 14th Street
Tempe, AZ 85281

Or your may take your form to your Campus HR Department and they will send it to the District Office for you.

Direct Deposit will be cancelled for adjunct faculty, students and temporary employee’s if they have not received pay in the last four (4) months.
Direct Deposit Authorization/Change Form

Choose One: New _____ Add _____ Change _____ Stop _____

Employee Name: ____________________________________________

Please Print         Last Name         First Name

Social Security # or Employee ID ______________ Campus Location ______________

(1) Bank Name (Required): ______________________ Bank Branch Phone # ______________

(2) Bank Name (Required): ______________________ Bank Branch Phone # ______________

(All Fields are Required)

| Bank Routing ABA (9 digit number) | Account Type | Account # | For two accounts: 
|-----------------------------------|--------------|-----------| One needs to be $ amount & second acct. must be Bal of net pay |
| 1.                                |              |           |                                                   |
| 2.                                |              |           |                                                   |

I (we) hereby authorize MCCCD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account and the deposit names above, to credit and/or debit the same such account. **I (we) understand this remains in effect until written notice of cancellation is submitted.**

Signature: ____________________________________________ Daytime Phone # ______________

Payroll Use Only

Date Processed __________________ by __________

Please attach the acceptable forms of documentation

For Checking Accounts:
   1. Voided Check or Copy of Bank Account Identification (must show routing number as well as Account number)

For Savings Accounts:
   1. Copy of Bank Account Identification (must show Routing number as well as Account number)
   2. Deposit slips will not be accepted