



COLORADO COMMUNITY
COLLEGE SYSTEM

EMPLOYEE'S AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER Banner

AGENCY _ _ _

EMPLOYEE NAME _____ **BANNER S#** _____ or **SOCIAL SECURITY #** _ _ - _ - _ _ _ _

WORK PHONE # () _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION PHONE NUMBER () _____

FINANCIAL INSTITUTION TRANSIT NUMBER _____

Account Number (from voided check)

Note: Need separate forms if more than one account is needed.

ATTACH VOIDED CHECK HERE

ACCOUNT TYPE

- Savings Account
- Checking Account

I hereby authorize my employer to initiate electronic funds transfer (EFT) deposit, and if necessary, to reverse any incorrect EFT deposit made in error to my bank account indicated above.

Date: _____ Signed: _____