

DIRECT DEPOSIT AGREEMENT FOR USE BY NCBA/SEE PROGRAM ENROLLEES

Select Purpose of This Form

New Account
 Change Account
 Change Bank
 Cancel Account
 Change Amount

Complete the Following Even if You Are Making No Changes to Bank or Account Information

A. Bank Name _____

Address _____

Phone Number _____

B. Enter nine-digit bank transit/ABA#

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C. Enter bank account number to which full amount of pay is to be deposited.

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(Select one box only) Savings Checking

Authorize and Acknowledge

- By my signature below, I authorize NCBA and the Bank listed above to deposit my net pay in the above-indicated account.
- If funds to which I am not entitled are deposited to my account, I authorize NCBA to direct the Bank to return said funds.
- I understand that if I opt for direct deposit, there will be no replacement check issued.
- I understand that it is my responsibility to ensure that funds are available in my account before I write a check or incur any obligations against my account.
- I also understand that NCBA is not responsible for any changes or liabilities to my account arising from direct deposit service.

EMPLOYEE SIGNATURE _____

Work Phone (____) _____ - _____ Employee Social Security# _____ - _____ - _____

Finalize

- If this is a new bank or new account number, please return to the Payroll Department with a voided check from your checking account or a deposit slip from your savings account.
- A 10-day trial period follows the input of account information. Direct deposit will typically begin with the 2nd pay period following enrollment in this service.