



NORTHWEST FLORIDA STATE COLLEGE

100 College Boulevard • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfstatecollege.edu

DIRECT DEPOSIT AGREEMENT

Employee Name: _____
(Please Print)

I request Northwest Florida State College to electronically deposit all payroll funds due to me to my account at the financial institution designated below:

Institution (Bank Name): _____

Institution Routing Number (ABA): _____

Account Number: _____ ☐ Checking ☐ Savings

I have attached a voided check to verify the necessary account information.

I understand that Northwest Florida State College is not responsible for making deposits to institutions that are not part of the Automated Clearing House (ACH) network or for deposit errors committed by my designated depository.

☐

I further understand that I am responsible for notifying the Human Resources Office at least two weeks prior to payday of any changes to my account that would affect depositing my pay.

Signature of Employee

Date