

Western Nebraska Community College
Notification for Payroll Automatic Deposit

NAME _____ WNCC ID# _____
(Please Print)

I AUTHORIZE WESTERN NEBRASKA COMMUNITY COLLEGE (WNCC) TO:

New **Add** **Change** **Cancel**

Financial Institution _____

Transit Routing # _____ Account # _____

\$ Amount _____ or % Amount _____ or a Remaining Balance _____

Checking or Savings

New **Add** **Change** **Cancel**

Financial Institution _____

Transit Routing # _____ Account # _____

\$ Amount _____ or % Amount _____ or a Remaining Balance _____

Checking or Savings

New **Add** **Change** **Cancel**

Financial Institution _____

Transit Routing # _____ Account # _____

\$ Amount _____ or % Amount _____ or a Remaining Balance _____

Checking or Savings

NOTE: PLEASE ATTACH DEPOSIT SLIP or VOIDED CHECK FOR NEW ACCOUNTS.

I hereby authorize WNCC to process my pay as an automatic deposit according to the above instructions. This election will become effective one payroll hence and remain in effect until my employment terminates or other change in the status of my employment.

SIGNED _____ DATE _____