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 _____

_____

Bank Officer _____

Phone Number _____

B. Enter nine-digit bank transit/ABA#

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

(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.