



Flathead Valley
Community College™
DIRECT DEPOSIT CHANGE FORM

EMPLOYEE NAME: _____

Please complete this form to change an existing direct deposit. List ALL deposits that will be in place after the change has been made.

You may choose up to three accounts. (Your last item must be for the remaining amount of your pay.)

NAME OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ROUTING/TRANSIT NUMBER	ACCOUNT NUMBER	EFFECTIVE DATE	PREVIOUS DEPOSIT AMOUNT	NEW DEPOSIT AMOUNT

I hereby authorize my employer, FVCC, to deposits amounts owed me by initiating credit entries to my account(s) at the financial institutions indicated above. Further, I authorize my financial institution to accept and to credit any credit entries indicated by FVCC to my account(s). In the event that FVCC deposits funds erroneously into my account, I authorize FVCC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until FVCC and my financial institution have received written notice from me of its termination at such time and in such manner as to afford FVCC and my financial institution reasonable opportunity to act on it.

Please attach a voided check if this change is for a new checking account.

Direct deposits can only be changed through use of this form. This direct deposit will be in effect as stated until a revised form is completed.

SIGNATURE: _____

DATE: _____