



**TRINITY VALLEY COMMUNITY COLLEGE  
DIRECT DEPOSIT ENROLLMENT FORM**

I authorize Trinity Valley Community College and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

Savings Account

This authority will remain in effect until I have cancelled it in writing in such a time and manner as to afford Trinity Valley Community College a reasonable opportunity to act on it.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Name of Student (Please print)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number of Student

\_\_\_\_\_  
Bank TRANSIT Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Signature of Student

**(Complete and return to Business Office)**

**FOR A CHECKING ACCOUNT, PLEASE  
ATTACH A VOIDED CHECK FOR VERIFICATION  
OF ALL FINANCIAL INSTITUTION INFORMATION.**

**FOR A SAVINGS ACCOUNT, PLEASE  
CONTACT YOUR FINANCIAL INSTITUTION  
FOR THE CORRECT ROUTING INFORMATION.  
DEPOSIT SLIPS WILL NOT BE ACCEPTED.**