



COAHOMA COMMUNITY COLLEGE

Work-Study Direct Deposit Authorization

Name _____

Student ID# _____

Bank Name _____

Bank Routing Number _____

Account Number _____

Account Type: Checking Savings Debit/Credit Card

I authorize Coahoma Community College and the bank listed to deposit my net pay electronically to my account each payday. If funds which I am not entitled to are deposited to my account, I authorize Coahoma Community College to direct the bank to return said funds. This authority will remain in effect until I have filed a new authorization.

Authorization Type: New Change Cancel

Authorized Signature

Date