



**BISHOP STATE COMMUNITY COLLEGE
351 NORTH BROAD STREET
MOBILE, ALABAMA 36603**

I understand that I will not receive any compensation from Bishop State Community College until I have provided the required payroll documentation to the Payroll Department in the Business Office. The documentation, as required by the United States Department of Justice, Immigration and Naturalization Service, include a copy of your SOCIAL SECURITY CARD and valid DRIVER'S LICENSE or NON DRIVER'S IDENTIFICATION CARD, etc.

Signature

Date

*Main Campus • 351 North Broad Street • Mobile, Alabama 36603-5898 • (251) 405-7000
Carver Campus • 414 Stanton Street • Mobile, Alabama 36617-2399 • (251) 662-5400
Central Campus • 1365 Dr. Martin Luther King Jr. Avenue • Mobile, Alabama 36603-5362 • (251) 405-4400
Southwest Campus • 925 Dauphin Island Parkway • Mobile, Alabama 36605-3299 • (251) 665-4100*

BISHOP
STATE

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351 NORTH BROAD STREET
MOBILE, ALABAMA 36603**

**PAYROLL DEDUCTION AUTHORIZATION
CRIMINAL BACKGROUND CHECK**

Alabama State Board Policy 623.01 requires a criminal background check for all employees of Bishop State Community College.

I authorize Bishop State Community College Payroll Department to deduct the amount of \$17.40 (non-refundable fee) from my paycheck. I understand that the \$17.40 is non-refundable and my employment is contingent upon an acceptable criminal background check.

Print Name

Signature

Date

BISHOP STATE COMMUNITY COLLEGE
DIRECT DEPOSIT PLAN PARTICIPAITON AGREEMENT

I, _____, authorize Bishop State Community College (BSCC) to deposit my monthly payroll payment with the bank or financial institution indicated below until so notified in writing.

Checking Account(S)

Bank/Financial Institution Name: _____

*Checking Account Number: _____

Bank/Financial Institution Name: _____

*Checking Account Number: _____

Secondary Checking Account Amount \$ _____

Saving Account(s)

Bank/Financial Institution Name: _____

Bank Routing Number: _____

Savings Account Number: _____

Savings Amount: \$ _____

CHECK STUB MAY BE REVIEWED OR PRINTED USING BORIS

*A voided check or a legible check copy for this account must be attached.

I have read the agreements on this form and agree to the terms contained therein for BSCC to send payroll payments due me directly to the above name financial institution. I agree that as a condition to my participation in the direct deposit plan, BSCC is authored to make any necessary debit entries to this account for any credits that were made in error and require recovery of public funds.

1. Employee Approval

Type/print employee's name as it appears
on Bank records

Signature of Employee

2. Joint Account Approval

Type/print name(s) of joint account
Holder(s)

Signature

*****ATTACH CHECK HERE*****