



DIRECT DEPOSIT AUTHORIZATION
For Payroll and Employee Expense Reimbursements

Name: _____

Banner ID: _____

Election for direct deposit requires full net pay to be distributed between the checking and savings accounts listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active, which may take one or more pay periods. The primary account will also be used for direct deposit of employee expense reimbursements. Please attach a voided check or deposit slip for each account listed below and return all information to the Payroll Office on the 3rd floor of Old West.

Primary Account – For Payroll and Employee Expense Reimbursements

Financial Institution Name, Address and Phone Number:	Net payroll, after the partial deposits listed below, will be deposited to this account. This account will also receive all employee expense reimbursements.
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Secondary Account #1 – Optional partial deposit for Payroll only

Financial Institution Name, Address and Phone Number:	Dollar Amount to be Deposited:
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Secondary Account #2 – Optional partial deposit for Payroll only

Financial Institution Name, Address and Phone Number:	Dollar Amount to be Deposited:
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Authorization:

I hereby authorize Dickinson College (the "College") to initiate direct deposit into the account(s) and financial institution(s) listed above. Payroll direct deposits and direct deposits of employee expense reimbursements will be made to the accounts listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such change. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.

Should funds be erroneously deposited into my account(s), I authorize the College to debit my account(s) for an amount not to exceed the amount of the deposit.

Employee Signature: _____

Date: _____