

Dickinson College  
PAYROLL DIRECT DEPOSIT INPUT FORM

PART I

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART II

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

1. ACTION TO BE TAKEN *(Check all that apply)*  
a.  Start Direct Deposit      b.  Change of Financial Inst.      c.  Change of Account Number

2. INFORMATION FOR DEPOSIT OF PAYROLL:

Bank Name

Please deposit to account

\_\_\_\_\_

# \_\_\_\_\_

Address

Type of account: *(check one)*

\_\_\_\_\_

( ) Savings

\_\_\_\_\_

( ) Checking

\_\_\_\_\_

Bank Routing Number (ABA)

\_\_\_\_\_

# \_\_\_\_\_

Phone Number

\_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION.**

**\*NOTE\*** Your first pay will be in the form of a check which will be mailed to your permanent address.  
Dickinson students will pick up checks in the Payroll Office.

3. AUTHORIZATION

Unless otherwise indicated above, I hereby authorize and request Dickinson College, hereinafter referred to as College, to direct the net amount of my periodic pay for crediting to my account indicated at the FINANCIAL INSTITUTION designated above, and I further authorize the FINANCIAL INSTITUTION to credit the same to such account.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the College a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.

I agree to notify the College if I wish to change the designated FINANCIAL INSTITUTION or account to which my net pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

EMPLOYEE SIGNATURE

DATE

\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE. THANK YOU.

Bank Verification:

\_\_\_\_\_

(Signature of Financial Institution Personnel)

\_\_\_\_\_

(Date)