

# DIRECT DEPOSIT AUTHORIZATION

RETURN TO: OFFICE OF PAYROLL,  
HEPBURN HALL, ROOM 109

NEW (Replace all prior deposit)     ADDITION     CANCELLATION OF DEPOSIT     CHANGE AMOUNT

Name (Last, First, Middle Initial): \_\_\_\_\_  
\* Last \* First

Employee ID#: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Last Four Digits of SS#: \_\_\_\_\_

## Account 1:

Name of Bank: \_\_\_\_\_

Account Type (Check one):

Bank Routing/Transit #: \_\_\_\_\_  Checking Account

Account #: \_\_\_\_\_  Saving Account

% of Pay: \_\_\_\_\_ ( up to 100% )    OR    Amount \$ \_\_\_\_\_

## Account 2:

Name of Bank: \_\_\_\_\_

Account Type (Check one):

Bank Routing/Transit #: \_\_\_\_\_  Checking Account

Account #: \_\_\_\_\_  Saving Account

% of Pay: \_\_\_\_\_ ( up to 100% )    OR    \_\_\_\_\_