

## DIRECT DEPOSIT AUTHORIZATION

### AUTHORIZATION:

I authorize Saint Joseph's College to automatically deposit any payroll funds owed to me to my account at the Financial Institution(s) listed below.

I authorize Saint Joseph's College to debit my account for the purposes of correcting an erroneous credit previously deposited to my account.

### REQUEST FOR DIRECT DEPOSIT:

I authorize Saint Joseph's College to automatically deposit funds owed to me into a checking account, savings account or both as follows:

### PLEASE NOTE:

### DIRECT DEPOSITS ARE LIMITED TO THREE

	<u>Institution</u>	<u>Routing Number</u>	<u>Account Number</u>	Indicate <u>Checking or Savings</u>	Enter "\$ Amount" or <u>Net Pay</u>
1					
2					
3					

A voided check is required when selecting a checking account

Employee Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand this form: \_\_\_\_\_

(Signature)

Please be advised that it takes two pay periods for your selections to become effective, therefore you will receive a paper check for the first pay period of your new/change selection.