

DIRECT DEPOSIT AUTHORIZATION

A VOIDED CHECK or ACCOUNT VERIFICATION MUST ACCOMPANY THIS FORM TO ENSURE ACCURACY

Full Name (please print neatly): _____

Bank Account Information

Bank Account is defined as either a checking or savings account

BANK NAME: _____ CITY: _____ STATE: _____

ROUTING/TRANSIT #: _____ ACCOUNT NUMBER: _____
(first nine digits on the left side of your check) (group of numbers following the routing number)

Type of account: Checking or Savings

This request is: New cancel change

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Washington & Jefferson College to initiate deposits to my checking or savings account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Washington & Jefferson College to my account. In the event that Washington & Jefferson College deposits funds erroneously into my account, I authorize Washington & Jefferson College to debit my account for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until Washington & Jefferson College's Payroll Department has received written notification from me requesting termination, understanding that notification will afford Washington & Jefferson College a reasonable opportunity to act upon it.

Signature Required: _____ **Date:** _____

Please note - Any change to your routing or account number will require one pay cycle to become effective. Changes involving your net pay will cause you to receive a "paper" check while your information is verified.

DOCUMENTATION MUST SUPPORT EACH DIRECT DEPOSIT REQUEST