

**Ursinus College
STUDENT PAYROLL
DIRECT DEPOSIT AUTHORIZATION FORM**

Name: _____ Social Security Number: _____ (no dashes)

Direct Deposit requires full net pay to be distributed to the checking or savings account listed below.

IMPORTANT NOTE: You must attach a voided check or form from your bank showing your account number and transit/routing number for the bank.

Return all information to the Human Resources Office located on the lower level of Corson Hall.

BANK ACCOUNT INFORMATION

Financial Institution Name, Address and Phone Number:	Net Payroll will be deposited to this account: _____ Savings _____ Checking
Bank Transit/Routing Number (9 digits):	Action to be taken: _____ Start _____ Stop _____ Change
Account Number:	

Authorization:

I hereby authorize Ursinus College (the "College") to initiate direct deposit into the account and financial institution listed above. Payroll direct deposits will be made to the account listed above until I choose to terminate this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such a 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, I authorize the College to debit my account for an amount not to exceed the amount of the deposit.

EMPLOYEE SIGNATURE: _____ DATE: _____