



Direct Deposit Authorization

Name (Print): _____
Last First MI Social Security Number

Home Address: _____
Street City State Zip Code

FINANCIAL INSTITUTION INFORMATION

Direct Deposit Action: New Change

FINANCIAL INSTITUTION'S NAME

INSTITUTION'S ACH ROUTING NUMBER
(See sample check below)

BANK ADDRESS

Street City State Zip

EMPLOYEE BANK ACCOUNT NUMBER _____ CHECKING SAVINGS
(See sample check below)

I request and authorize Monmouth College to deposit my net payroll earnings into my account with the financial institution indicated above until a change is submitted by me in writing. I further authorize posting error corrections to my account and repayment to Monmouth College for amounts deposited in error and agrees to pay the College for any amounts not recoverable from my account. Monmouth College is not responsible for my financial obligations.

SIGNATURE _____ DATE _____

INSTRUCTIONS

- 1) Fill in employee demographic information.
- 2) Complete the banking information. Routing numbers and bank account numbers can be obtained from your financial institution. *(See sample check below)*
- 3) Indicate whether the direct deposit is to your savings or checking account.
- 4) For checking accounts only, a copy of a voided check must be attached.
- 5) Send all completed forms to the Monmouth College Personnel Office in Poling Hall.

Please Note – Participants may receive a paycheck for the first period following the sign up, to allow the financial institution one period in which to verify your account number. Direct deposit will begin in the subsequent period.

SAMPLE:

Account Name _____ #0001
Address _____
Phone, Dr.Lic#, etc. _____ Date _____

PAY TO THE ORDER OF: _____ \$ _____
_____ DOLLARS

Bank Name
Location

MEMO _____ SIGNATURE _____

9 DIGIT BANK ROUTING NUMBER

:ACCOUNT NUMBER:

[CHECK #:]