



Authorization for Direct Deposit

Employee Instructions

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your wages deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to the Payroll office.

Please Print

Employee Name _____

Banner ID Number _____

I hereby authorize Medaille College to direct deposit my payroll to the following account(s) and/or make the following changes to my existing account(s):

Check One: ☐ Add ☐ Change ☐ Cancel

Bank Account #1 _____Checking _____Savings

Bank Name _____

I wish to deposit (check one):

- ☐ Entire Net Pay
- ☐ Specific Dollar Amount \$_____.00
- ☐ _____ % of Net Pay
- ☐ Balance of Check

Please attach one of the following (check one):

- ☐ Voided Check
- ☐ Bank letter or specification sheet*
- *See your local bank representative

Check One: ☐ Add ☐ Change ☐ Cancel

Bank Account #2 _____Checking _____Savings

Bank Name _____

I wish to deposit (check one):

- ☐ Entire Net Pay
- ☐ Specific Dollar Amount \$_____.00
- ☐ _____ % of Net Pay
- ☐ Balance of Check

Please attach one of the following (check one):

- ☐ Voided Check
- ☐ Bank letter or specification sheet*
- *See your local bank representative

I fully understand that once the deposit(s) has been initiated, all regular payroll processing will result in net payroll amounts being deposited directly into the accounts(s) as indicated above. The deposits will normally take place, for availability of funds, on the morning of the payday.

In the event that a processing error causes me to receive a direct deposit for more than my proper amount. I authorize Medaille College to withdraw the excess funds from my account without advance notice, additional consent or further approval.

NOTE: Management of your bank account is a personal responsibility. Medaille College assumes no responsibility for overdrawn accounts due to delays in processing. Employees should always first check their account balance to validate deposit information prior to withdrawals.

Employee Signature _____

Date ____ / ____ / ____

Return this original form to the Payroll office.