Washington College
Authorization Agreement for Direct Deposit of Payroll

Please print all information:

Employee Name _____
First Middle Last

Social Security # _____-_____-_____

I hereby authorize my employer, Washington College, and the depository institution(s) named, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to the account(s) indicated below. I understand that this authorization of direct deposit is to remain in effect until the Human Resources Department has received written notification from me of termination or change of the account(s) listed in such time and in such manner as to enable both the Human Resources Department and the Bank(s) to act on the notification.

Employee Signature _____Date_____

Required Documentation:
Checking Account(s): Attach a blank voided check.
Savings Account(s): Attach a copy of a bank statement or a Direct Deposit Information Form from the Bank.

Primary Account

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____

Account Number: _____

Account Type: (circle) Checking Savings

Your net pay, less any additional direct deposit amount(s) authorized below, will be deposited to this account.

Additional Accounts
(Must be fixed dollar amounts)

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____

Account Number: _____

Account Type: (circle) Checking Savings

Name on Account_____

Dollar amount to be deposited into this account: $_____

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____

Account Number: _____

Account Type: (circle) Checking Savings
Name on Account_____

Dollar amount to be deposited into this account: $_____