

Employee Direct Deposit Authorization Form

Select Action: New Account Change Distribution Cancel Account

Employee Name _____ ID # _____

Daytime Telephone _____

It will take up to 2 pay periods for a direct deposit to go through; in the meantime a check will be mailed.

NEW ACCOUNT / CHANGE DISTRIBUTION

Bank Name _____

Action NEW Account Change Distribution

Account Type

Account Information

Checking

Routing/Transit # _____ Total of Net Pay (% or \$) _____

Savings

Account # _____

Bank Name _____

Action NEW Account Change Distribution

Account Type

Account Information

Checking

Routing/Transit # _____ Total of Net Pay (% or \$) _____

Savings

Account # _____

CANCEL ACCOUNT

Choose one Effective immediately After new account is activated (this may take up to 2 pay cycles)

NOTE: Cancelling an account effective immediately will result in receiving a check and not a direct deposit.

Paycheck Mailing Street Address: _____

City: _____ **State** _____ **Zip** _____

Bank Name _____

Account Type

Account Information

Checking

Routing/Transit # _____ Total of Net Pay (% or \$) _____

Savings

Account # _____

I hereby authorize The Maryland Institute College of Art to initiate transactions to credit my employee pay to the account(s) indicated above and to correct by credit or debit entries any errors in said transactions. I authorize the depository institution named above to post these transactions to the accounts so designated. These authorizations shall remain in effect until The Maryland Institute College of Art receives written notice from me or my banking institution to change these authorizations in such time and in such manner as to provide The Maryland Institute College of Art and the depository a reasonable opportunity to act.

Employee's Signature _____ **Date** _____