

# DIRECT DEPOSIT FORM

**INSTRUCTIONS:**

- 1) Please read and clearly fill in this authorization for direct deposit.
- 2) Indicate where you wish to have your paycheck deposited.
- 3) Provide bank account details.
- 4) Sign and return this form to the Human Resources Department, JB-258.
- 5) **IMPORTANT:** Your direct deposit will be effective after 1-2 pay periods pending bank verification procedures.

**ACTION REQUEST**

CHECK ONE:    INITIATE Direct Deposit       CHANGE financial institution/account       STOP Direct Deposit

**PERSONAL INFORMATION**

Last Name		First Name		Middle Initial	Social Security No. — — —
Address			City	State	Zip
Signature	Poly ID Number		Date	Job Classification (check one)	
	Phone Number			<input type="checkbox"/> Faculty	<input type="checkbox"/> Administration

**ACCOUNT INFORMATION**

Name of Financial Institution			Account Type (check one)		
Branch Address			<input type="checkbox"/> SAVINGS ACCOUNT		
			<input type="checkbox"/> CHECKING ACCOUNT (Please attach a <b>VOIDED</b> check. Do not sign the check.)		
City	State	Zip			
Amount to Deposit (check one):					
<input type="checkbox"/> my <b>ENTIRE</b> net pay deposited <b>OR</b> <input type="checkbox"/> a <b>PORTION</b> of my net pay deposited (indicate amount) \$_____					
ABA Number (first 9 digits on bottom of check or deposit slip)			Account Number (digits following ABA number on check or deposit slip)		
: _____ :					

**AUTHORIZATION:** By signing above, I authorize Polytechnic University to deposit my net earnings in the account(s) at the financial institution indicated herein, and where necessary, to change, credit, or debit (in case of error) entries to my account(s). This authorization supersedes all prior such authorizations, and will remain in full force until I have given written notice to change or terminate it. I understand that Polytechnic University and the financial institution indicated above reserve the right to cancel this agreement at any time for any reason in which case I will be notified. I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

**PLEASE CONTACT PAYROLL AT (718) 260-3437 or -3117 IF YOUR ACCOUNT INFORMATION CHANGES.**



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# Sample Check with Routing and Account Number

MR. JOHN JONES  
1645 DUNDAS ST. W, APT. 27  
TORONTO, ON M6K 1V2

123-456-7

PAY TO THE ORDER OF Wikimedia Foundation

One Hundred Dollars and 55/100 U.S. 100 DOLLARS

DATE 20061201

\$ 100.55

FIRST BANK OF WIKI 00005-123  
Victoria Main Branch  
1425 James St., P.O. Box 4001  
Victoria (B.C.) V8X 3X4

MEMO Donation

*John Jones* MP

Security features included - Details on back

⑆011234567⑆ 001234567⑆ 243

ROUTING NUMBER

ACCOUNT NUMBER