

Office of Human Resources
St. Thomas Aquinas College
Sparkill, New York 10976-1050

DIRECT DEPOSIT REQUEST FORM

I herein request that my payroll checks be directly deposited into my bank account as indicated below:

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT:

CHECKING

SAVINGS

SELECT APPROPRIATE OPTION:

Deposit the full net amount of every payroll check (includes overloads, etc.).

Deposit \$ _____ from every payroll check (excludes overloads, etc.).

IMPORTANT NOTES

If you are requesting that your checks be deposited in a **CHECKING ACCOUNT** you must attach a voided check to this form.

ACCOUNT NUMBER: _____

CHECKING ACCOUNT TRANSIT ROUTING NUMBER: _____

(Numbers preceding your account number on the bottom of your check)

If you are requesting direct deposit into a **SAVINGS ACCOUNT** you must contact the bank and ask for the transit routing number and include it in the space provided below.

ACCOUNT NUMBER: _____

SAVINGS ACCOUNT TRANSIT ROUTING NUMBER: _____

NAME (please print)

DATE