

DIRECT DEPOSIT FORM

Check one statement below:

BEGIN my Direct Deposit

CHANGE my Direct Deposit

CANCEL my Direct Deposit

Important note: When adding a new direct deposit account the bank must verify the account information. As a result, there will be a month's delay before the direct deposit is active.

Print the following information and return the completed form to the Human Resources department.

Name: _____ SS # _____ - _____ - _____

Department _____

Home Phone _____ Work Phone _____

*You may have your full or a portion of your net pay deposited directly into one account or up to 3 different accounts. The accounts do NOT have to be at the same financial institution. Attach a **voided** check with your name and account number for each account listed. If your account is not a checking account, please contact your financial institution to verify their "**Routing Number**". Providing incorrect information will delay your pay check from being direct deposited. Please contact the Human Resources office immediately of any changes that may occur in your account.*

Please deposit my full net pay each pay period into my account:

Account Type Savings Checking

Routing Number _____

Account Number _____

Financial Institution _____

Please deposit \$ _____ each pay period into my account:

Account Type Savings Checking

Routing Number _____

Account Number _____

Financial Institution _____

Please deposit the remaining balance of my full net pay each period into my account:

Account Type Savings Checking

Routing Number _____

Account Number _____

Financial Institution _____

I authorize deposit of my net pay in the account(s) and financial institution(s) noted above. If Moore College or its agents deposit funds into my account(s) by mistake, I authorized Moore College or its agents to withdraw those funds. I understand that my direct deposit will continue until one full pay period after the Payroll department receives my written cancellation. I release Moore College and its agents from liability for delays or for errors beyond their reasonable control or for any related damages.

Employee Signature _____ Date _____ / _____ / _____