

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	
<input type="checkbox"/> Checking	Routing/Transit # _____	Total of Net Pay (% or \$) _____
<input type="checkbox"/> Savings	Account # _____	

Bank Name _____

Action NEW Account Change Distribution

Account Type	Account Information	
<input type="checkbox"/> Checking	Routing/Transit # _____	Total of Net Pay (% or \$) _____
<input type="checkbox"/> Savings	Account # _____	

CANCEL ACCOUNT

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

Paycheck Mailing Street Address: _____

City: _____ State _____ Zip _____

Bank Name _____

Account Type	Account Information	
<input type="checkbox"/> Checking	Routing/Transit # _____	Total of Net Pay (% or \$) _____
<input type="checkbox"/> 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 _____