

VASSAR COLLEGE DIRECT DEPOSIT AUTHORIZATION FORM

CHECK ONE: Admin./Faculty(MP) Service (BS) Staff (BC) Student (BW)

Name	Vassar College ID #
Street Address	Work Phone ()
City	State Zipcode Home Phone ()

I authorize the Payroll Office to deposit my pay to the following bank account(s):

1. _____

Bank Name and Address

CHECK ONE: Checking Account Savings Account **CIRCLE ONE:** \$ Amount/Percent _____

Bank Routing Transit (ABA) # Bank Account Number

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																		

2. _____

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This authorization will remain in effect until the COLLEGE receives written notification from me of its termination and has had reasonable opportunity to act on it, or the COLLEGE has sent me 10 days written notice of termination.

Admin/Faculty Only: By signing this authorization, I agree to conserve paper resources by viewing my payroll statements online.

Signature	Date
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Please return the completed form to the Payroll Office (Box 12) and include a voided check for checking accounts and a bank notice for savings accounts, showing account number and bank routing transit (ABA) number.

Note: All direct deposits must be sent to the bank for a prenotification. Therefore, your direct deposit will be effective the **2nd pay date** after you turn in this form (as long as all the information provided is correct). If you have any questions, please call (845) 437-5881.