

ADP Employee Direct Deposit Application

EMPLOYEE INSTRUCTIONS:

1. Complete the employee required information section below
2. Complete the Direct Deposit Section
3. Sign the bottom of the form
4. Return this form to the Business Office

EMPLOYEE – REQUIRED INFORMATION

PLEASE PRINT

Employee Name: _____

Social Security Number: _____/_____/_____

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank accounts:
 (Attach only a voided check, bank letter, or specification sheet.)
 (DEPOSIT TICKETS NOT ACCEPTED)

___ Check account

___ Savings

Bank Name: _____

Bank Name: _____

Bank Routing #: _____

Bank Routing #: _____

Account #: _____

Account #: _____

I WISH TO DEPOSIT: (Check One)

I WISH TO DEPOSIT: (Check One)

___ Entire Pay

___ Entire Pay

___ Specific Dollar Amount \$ _____

___ Specific Dollar Amount \$ _____

I hereby authorize WELLS COLLEGE to deposit any amounts owned me by initiating credit entries to my account at the financial institution indicated above. I authorize BANK to accept and to credit any credit entries indicated by Wells College to my account. In the event that Wells College deposits funds erroneously into my account, I authorize Wells College to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that ADP directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by ADP may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by ADP from my employer's bank. If, within, 30 days of ADP making the deposit into my account, my employer does not make available to ADP the funds that were advanced to make the deposit into my account, I authorize ADP to charge my account to recover said advance. I agree to hold ADP harmless from Loss and to indemnify it, limited to the amount of the deposit.

Any disputed arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Rochester, New York, in accordance with the Rules of the American Arbitration Association and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as judgement in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until Wells College and BANK have received written notice from me of it termination, in such time and in such manner as to afford Wells College and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____
 (Return to the Business Office)