



Hamilton

Hamilton College Direct Deposit Authorization

Name: _____ College ID# _____

I authorize Hamilton College to set up Direct Deposit of my pay check to the following account(s) listed below, continuing until I notify the Payroll Office of any change(s). I understand that it is my responsibility to notify the Payroll Office if I have CLOSED my account.

NEW DIRECT DEPOSIT ACCOUNT

Bank Name:	Account #:	Routing #:	Amount: **	Account Type:
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please specify under amounts: **E (for entire check), **P** (for partial amount), or **R** (for remaining amount). Also include dollar amounts in numeral digits.

Please indicate the following if a direct deposit account already exists:

ADD AN ACCOUNT and/or DELETE AN ACCOUNT

Bank Name:	Account #:	Routing #:	Amount: **	Account Type:
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please specify under amounts: **E (for entire check), **P** (for partial amount), or **R** (for remaining amount). Also include dollar amounts in numeral digits.

CHANGE AMOUNT

Bank Name:	Account #:	Routing #:	Amount: **	Account Type:
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please specify under amounts: **E (for entire check), **P** (for partial amount), or **R** (for remaining amount). Also include dollar amounts in numeral digits.

CANCEL DIRECT DEPOSIT

Bank Name:	Account #:	Routing #:	Amount: **	Account Type:
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____/ \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please specify under amounts: **E (for entire check), **P** (for partial amount), or **R** (for remaining amount). Also include dollar amounts in numeral digits.

Please check one:

- I understand that the direct deposit will take effect immediately by attaching a VOIDED check.
- I understand that the direct deposit will take one payroll cycle to take effect if I have not attached a VOIDED check.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Effective Date: _____ Date Entered: _____ Entered By: _____ Reviewed By: _____