



Payroll Direct Deposit Authorization

By signing below, I hereby authorize St. John's College to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In an event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until Employer and Bank have received written notice from me of its termination.

Employee Name _____ Social Security # _____

Employee Signature _____ Date _____

Memo _____ : 0 1 2 3 4 5 6 7 8 : 1 2 3 4 5 6 7 8 9 ' 0 1 0 1
<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> Routing/Transit# (A 9 digit # always between these 2 marks) </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> Checking Account # </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> Check # </div> </div>

Account Information

Action	Account Type	Bank Information	Amount Information
Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Check One: <input type="checkbox"/> Checking Attach a voided check <input type="checkbox"/> Savings	Bank Name: _____ Routing/Transit Number: _____ Account Number: _____	Check One: ___ Net Pay ___ Amount:

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