



## 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   0101			
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 33%;">           Routing/Transit#            (A 9 digit # always between these 2 marks)         </td> <td style="border: 1px solid black; padding: 5px; width: 33%;">           Checking Account #         </td> <td style="border: 1px solid black; padding: 5px; width: 33%;">           Check #         </td> </tr> </table>	Routing/Transit# (A 9 digit # always between these 2 marks)	Checking Account #	Check #
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### 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 <small>Attach a voided check</small>  <input type="checkbox"/> Savings	Bank Name: _____  Routing/Transit Number: _____  Account Number: _____	Check One: ___ Net Pay  ___ Amount:

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