

The College of Saint Rose Direct Deposit Authorization

Company ID #: 141338371

I hereby authorize The College of Saint Rose hereinafter called College, to make payment of any NET PAY owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called, Bank, and authorize Bank to credit such amounts to my (check one):

#1. _____ **Checking** or _____ **Savings** **Dollar/Percent** _____

Bank or Savings Association Name: _____

Account No. _____ Routing No. _____

I hereby authorize The College of Saint Rose hereinafter called College, to make payment of any NET PAY owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called, Bank, and authorize Bank to credit such amounts to my (check one):

#2. _____ **Checking** or _____ **Savings** **Dollar/Percent/Balance** _____

Bank or Savings Association Name: _____

Account No. _____ Routing No. _____

I hereby authorize The College of Saint Rose hereinafter called College, to make payment of any NET PAY owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called, Bank, and authorize Bank to credit such amounts to my (check one):

#3. _____ **Checking** or _____ **Savings** **Dollar/Percent/Balance** _____

Bank or Savings Association Name: _____

Account No. _____ Routing No. _____

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee and each joint tenant, if any, each consent to allow the College, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent the College from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. This authorization is to remain in full force and effective until the College has received written notification from me of its termination in such time and manner as to afford College and Bank a reasonable opportunity to act on it.

Employee Name (print): _____ Social Security No. _____

Signature: _____ Date: _____

Contact Number: () _____

Please attach one of the following for each of your Checking or Savings Accounts

- ❖ Voided check with name imprinted
- ❖ Log into your online account and search for a direct deposit form which includes both your routing and account number
- ❖ Bank letter which includes your routing and account number (the signature of a bank representative Must be included on the letter)

Direct Deposit will go active in the next available pay period.

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

#1.

Please see the list above for acceptable forms of backup documentation and attach here.

#2.

Please see the list above for acceptable forms of backup documentation and attach here.

#3.

Please see the list above for acceptable forms of backup documentation and attach here.