

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: _____

2nd Name on Account: _____ Social Security No. _____

Signature: _____ Date: _____

Direct Deposit takes 2 pay periods. If you are changing accounts, in the interim do you want?
_____ an actual check OR _____ deposit to an old account

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

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage “ACH R/T” appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*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.