MarymountManhattan
a college of the liberal arts

Direct Deposit Authorization Form

Instructions:

1. Fill in all information, recording the transit routing number, account number and whether deposit to a checking or savings account is being requested.

2. **Attach a voided personal check or a statement from your bank indicating the transit routing and account numbers.**

3. Sign and return the form to Business Office.

Important Reminders:

1. All new or changed direct deposit requests will be effective on the second payroll date following receipt of this request (in the interim a check will be produced).

2. In the test transaction run, on the first payroll date following receipt of this request, please verify your account number on the bottom right hand side of your check is correct

3. Timely requests to terminate a direct deposit will be effective on the first payroll date following receipt of this form.

4. **Failure to notify the Business Office in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.**

Employee / Student ID Number:_____

Email Address: _____

Name:_____

Check one: ☐ New Direct Deposit election

☐ Change financial institution and / or account number

☐ Terminate existing Direct Deposit election (no new election)

Account Information

Transit Routing Number _____ (**9 digits**)

Account Type ☐ Checking ☐ Savings

Account Number _____ **(max 17 digits)**

I hereby request, until further written notice is filed with Marymount Manhattan College, that _____ of my net pay be deposited into the account designated above

Employee's / Student's Signature_____ **Date:**_____

Business Office/ Payroll Section Date _____