



OFFICE OF HUMAN RESOURCES
DIRECT DEPOSIT AUTHORIZATION FORM

To authorize direct deposit of your pay, please:

1. Read and sign the authorization statement below.
2. Complete all required information.
3. Attach a voided check which provides the bank routing number and account number.

Authorization Statement

I hereby authorize Utica College to deposit my payroll earnings directly into my bank account specified below and to obtain the return of any payroll amounts erroneously credited to that account. I understand that processing of this request may require up to two Pay Periods from the receipt of this authorization and that this authorization will continue for the duration of my current employment or until the payroll office receives a request for cancellation with my signature. I further understand that I will receive a pay stub showing the details of my direct deposit. Utica College is not responsible for bank errors or delays by the bank in crediting individual accounts.

Signature: _____ Date: ____/____/____

The Following Information Must Be Provided In Full
(PLEASE PRINT)

NAME _____
(FIRST) (MI) (LAST)

BANNER ID NUMBER _____

TYPE OF ACCOUNT (check one): CHECKING SAVINGS

PLEASE RETURN THIS FORM TO:
OFFICE OF HUMAN RESOURCES
ROOM 252 WHITE HALL