



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 and account number or an authorization on bank letterhead that contains this information.**

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

NAME: _____
(First) (MI) (Last)

BANNER ID: _____ STUDENT FACULTY/STAFF

**FOR YOUR SAFETY, WE USE A PRE-NOTE SYSTEM TO VERIFY YOUR ACCOUNT INFO.
YOUR FIRST PAYROLL WILL BE A LIVE CHECK. AFTER THAT YOUR DIRECT DEPOSIT WILL BE IN EFFECT.**

FINANCIAL INSTITUTION: _____

CHECKING or SAVINGS DOLLAR AMOUNT or PERCENTAGE _____
 NEW CHANGE CANCEL

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Authorization Statement

I hereby authorize Utica College to deposit my payroll/work-study earnings directly into my bank account listed above and to obtain the return of any payroll amount 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 employment or until the Office of Human Resources receives a request for cancellation with my signature. I further understand that I will be able to access an account of my earnings on BannerWeb at <http://www.utica.edu> showing what I have earned for each pay period.

*Utica College is not responsible for bank errors or delays by the bank
in crediting individual accounts.*

Signature: _____ Date: _____