



Ursinus College

DIRECT DEPOSIT AUTHORIZATION For Student Payroll

Name: _____ Social Security No: _____ (no dashes)

Direct deposit requires full net pay to be distributed to the checking or savings account listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active, which may take one or more pay periods.

IMPORTANT: Please attach a voided check or pre-printed deposit slip for the account listed below.

Bank Account Information

Financial Institution Name, Address and Phone Number:	Net payroll will be deposited to this account.		
Bank Transit/Routing Number (9 digits):	Type of Account:		
	Checking	Savings	
Account Number:	Action to be Taken:		
	Start	Stop	Change

Authorization:

I hereby authorize Ursinus College (the "College") to initiate direct deposit into the account and financial institution listed above. Payroll direct deposits will be made to the account listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such change. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.

Should funds be erroneously deposited into my account, I authorize the College to debit my account for an amount not to exceed the amount of the deposit.

Employee Signature: _____ Date: _____

Return all information to:
Business Office
2nd Floor, Corson Hall.