

Earlham College/ESR
Authorization for Payroll Direct Deposit

I, _____ SSN _____

Hereby authorize the Earlham College Business Office to deposit the net amount of my paychecks to the account given below. It is my responsibility to inform the Business Office of any future changes of institutions and/or accounts to which I want my paycheck deposited.

Please complete the following information:

Name of Bank: _____

ABA Routing Number: _____
(CONFIRM this number with your bank)

Your Account Number: _____
(CONFIRM this number with your bank)

Is this a Checking or Savings Account?: _____

Are you paid Monthly ____ or Biweekly ____?

SIGNATURE

DATE

IMPORTANT INFORMATION ABOUT YOUR ELECTRONIC DEPOSIT

Your first deposit will occur after the pre-notification process (one payroll cycle). Automated Clearinghouse procedures require that all deposits be tested to ensure proper bank and account routing numbers. If you have any questions, please contact the Payroll Clerk at ext. 1626.