

## DIRECT DEPOSIT FORM

Check one statement below:

- BEGIN my Direct Deposit
- CHANGE my Direct Deposit
- CANCEL my Direct Deposit

**Print** the following information and return the completed form to the Human Resources department.

Name: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Department \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*You may have your full or a portion of your net pay deposited directly into one account or up to 3 different accounts. The accounts do NOT have to be at the same financial institution. Attach a **voided** check with your name and account number for each account listed. If your account is not a checking account, please contact your financial institution to verify their "**Routing Number**". Providing incorrect information will delay your pay check from being direct deposited. Please contact the Human Resources office immediately of any changes that may occur in your account.*

Please deposit my full net pay each pay period into my account:

Account Type             Savings             Checking

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

Please deposit \$ \_\_\_\_\_ each pay period into my account:

Account Type             Savings             Checking

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

Please deposit the remaining balance of my full net pay each period into my account:

Account Type                     Savings                     Checking

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

I authorize deposit of my net pay in the account(s) and financial institution(s) noted above. If Moore College or its agents deposit funds into my account(s) by mistake, I authorized Moore College or its agents to withdraw those funds. I understand that my direct deposit will continue until one full pay period after the Payroll department receives my written cancellation. I release Moore College and its agents from liability for delays or for errors beyond their reasonable control or for any related damages.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_