



HOBART AND WILLIAM SMITH COLLEGES



Payroll Department

22 Seneca Street Geneva, NY 14456

Telephone: 781-3342 Fax: 781-3655

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Hobart and Williams Smith Colleges and the financial institution(s) shown to deposit my net pay directly to my account(s) each payday and to initiate, if necessary, debit entries and adjustments for any Hobart and William Smith Colleges payroll deposit entries made in error to my account(s). This authority will remain in effect until I file a new authorization form.

ACTION *(Check the Appropriate Box):*

<input type="checkbox"/> New Account Set Up	<input type="checkbox"/> Change Account Information	<input type="checkbox"/> Cancel Direct Deposit
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EMPLOYEE INFORMATION AND AUTHORIZATION

Employee Name <i>(print as it appears on payroll)</i>		Today's Date
Campus Wide ID Number	Employee's Signature	

Direct Deposit _____% of net pay OR \$ _____

Bank or Credit Union Name	Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing (ABA/Transit) Number	Account Number

Direct Deposit #2 The remainder of net pay OR \$ _____

Bank or Credit Union Name	Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing (ABA/Transit) Number	Account Number

*** Attach a voided check or other bank documentation for immediate activation ***

The Payroll Office must be notified immediately of any changes with respect to your financial institution(s) or account(s).