Direct Deposit Authorization Form

To enroll in direct deposit, send the completed form to the Human Resources Department or the Student Employment Office. Attach a voided check for each checking account - not a deposit slip. If you do not have checks for your checking account, please ensure that the listed Routing Transit Numbers and Account Numbers are correct. If depositing to a savings account, ask your bank to give you the Routing Transit Number for your account - it isn’t always the same as the number on a savings deposit slip. All of the above will help ensure that you are paid correctly.

PRE-NOTIFICATION PROCESS: Your direct deposit will become active on the second paycheck after the processing of your authorization form (due to the pre-notification process) or after acceptance of information by your banking institution. The pre-notification process notifies your bank that we intend to direct deposit funds to your account. Prior notification allows your bank to verify account numbers as we have submitted them, thus safeguarding against errors or time delays.

☐ Employee  ☐ Student Employee
☐ New Setup
☐ Change (maintain current until the new account takes effect? ☐ Yes ☐ No)
☐ Cancellation

Account Information: Please ensure that you indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

1. Bank Name: __________________________________________
   Routing Transit Number: ____________________________ (nine digit number appearing on bottom of check)
   Account Number: ____________________________
   ☐ Checking  ☐ Savings
   I wish to deposit: $___________.___ or ☐ Entire Net Amount

2. Bank Name: __________________________________________
   Routing Transit Number: ____________________________ (nine digit number appearing on bottom of check)
   Account Number: ____________________________
   ☐ Checking  ☐ Savings
   I wish to deposit: $___________.___ or ☐ Entire Net Amount

I hereby authorize Bowdoin College to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize the financial institution to accept and to credit any credit entries indicated by Bowdoin College to my account. In the event that Bowdoin College deposits funds erroneously into my account, I authorize Bowdoin College to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Bowdoin College has received written notice from me of its termination in such time and in such manner as to afford Bowdoin College reasonable opportunity to act on it.

Employee/Student Name (print): ________________________________ Employee/Student ID: __________
Signature: _______________________________________________________ Date: _______________

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