

Direct Deposit Authorization



Financial Services Department
Payroll Office – Box 2458

Part I: Employee Information:

Employee Name: _____ Employee ID #: _____
 _____ Faculty/Administrator _____ Support Staff/Casual Employee _____ Gettysburg College Student

Part II: Bank Information:

Action to be Taken:

_____ Start Direct Deposit _____ Change Existing Direct Deposit _____ Stop Direct Deposit
 (Please list ALL accounts)

Bank Name	Routing #	Saving (S) or Checking (C)	Account #	Amount of Deposit
	: _____ :			
	: _____ :			
	: _____ :			
	: _____ :			

If you are depositing into a **checking account**, please **provide a voided check**. If you are depositing into a **savings account**, please provide documentation from your financial institution that includes the **routing/transit number and account number**. Please allow at least **one pay period for direct deposit to go into effect**. You may pick up your check in the Payroll Office until the direct deposit is effective.

Part III Authorization:

I authorize Gettysburg College and the financial institution(s) listed above to take selected actions, including the initiation or termination of recurring correcting entries to the accounts(s) listed above. This authority is to remain in effect until Gettysburg College has received written notification from me of its termination in such time and manner as to afford Gettysburg College a reasonable opportunity to act on it; generally within 5 to 7 days of receipt.

Employee Signature: _____ **Date:** _____

For Financial Services Use Only:	
Processed By: <input type="text"/>	Date: <input type="text"/>