Financial Services Department
Payroll Office – Box 2458

STUDENT PAYROLL-STUDENT ACCOUNT
DIRECT DEPOSIT AUTHORIZATION FORM

PART I: STUDENT EMPLOYEE INFORMATION

Employee Name: _____ Student/Employee ID #: _____

Action To Be Taken:

_____ Start Student Account Direct Deposit _____ Change Existing Direct Deposit _____ Stop Direct Deposit

PART II: BANK INFORMATION

BANK NAME	ROUTING #	SAVING OR CHECKING	ACCOUNT #	AMOUNT OF DEPOSIT
	|: __ __ __ __ __ __ __ __ __ |:			$25.00
Student Account	|: __ __ __ __ __ __ __ __ __ |:			remainder
	|: __ __ __ __ __ __ __ __ __ |:			
	|: __ __ __ __ __ __ __ __ __ |:			

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. If a direct deposit statement is not accessible on payday, you may pick up your check in the Payroll Office.

PART III: Authorization

I give the Payroll Office at Gettysburg College permission to transfer my student employment funds, less $25 to be direct deposited into my personal account, to the Office of Financial Services. I understand these funds will be credited to the outstanding balance on my student account. When my student account is paid in full, the Office of Financial Services will request that the Payroll Office forward all the remaining student employment funds directly to my direct deposit account.

I authorize Gettysburg College and the financial institution(s) listed below to initiate credit entries and, if necessary, correct debit entries to the account(s) listed below.

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: _____ Date: _____