

THE COLLEGE of IDAHO



Direct Deposit Authorization Form

IMPORTANT INFORMATION:

- Complete and return to the Business Office in Hendren Hall
- Attach a voided check. (Mandatory for preauthorization)
- Must be received by the 15th of the month in order to begin deposit on the next pay date.

Check One of the Following:		Effective Date	
<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change	<input type="checkbox"/> Next pay date <input type="checkbox"/> Future pay date _____
<input type="checkbox"/> Reinstatement: Reinstatement my previous direct deposit. My information is already on file. No additional information is necessary, please sign and date bottom of form.			
Deposits may be made to more than one account. Please specify amount for the first account, the remainder of funds will be deposited to the second account.			
Employee number		Name (Last, First, Middle Initial)	
Name of Financial Institution (Bank, Savings Institution, Credit Union, etc.)			
City		State	
ABA Bank Routing Number (Must be 9 numbers)		Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount of deposit			
Name of Financial Institution (Bank, Savings Institution, Credit Union, etc.)			
City		State	
ABA Bank Routing Number (Must be 9 numbers)		Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount of deposit			
If more than one account, remainder will be deposited to this account.			
I authorize The College of Idaho to direct deposit funds to my account in the financial institution listed above. If the funds to which I am not entitled are deposited in my account, I authorize The College of Idaho to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to The College of Idaho for distribution. This will delay my check. I understand that I will receive an advice slip showing my gross pay and itemized deductions each pay period.			
Date (Mo/Day/Yr)		Signature	