

DIRECT DEPOSIT AUTHORIZATION

A VOIDED CHECK or ACCOUNT VERIFICATION MUST ACCOMPANY THIS FORM TO ENSURE ACCURACY

Full Name (please print neatly):			
Bank Account Information Bank Account is defined as either a checking or savings account			
BANK NAME:	CITY:		STATE:
ROUTING/TRANSIT #:(first nine digits on the left side of your check)	ACCOUNT NUMBER:(group of numbers following the routing number)		
Please deposit: entire check remainder	or specific dollar amoun	t	
Type of account: Checking or Savings			
This request is: New cancel change			
BANK NAME:	CITY:	STATE:	PHONE:
ROUTING/TRANSIT #:(first nine digits on the left side of your check)	ACCOUNT NUMBER: (group of numbers following the routing number)		
Please deposit: entire check remainder	or specific dollar amount	:	
Type of account: Checking or Savings			
This request is: New cancel change			
*If more than two accounts are needed plea	ase complete an addition	al authorization form.	
AUTHORIZATION FOR DIRECT II I hereby authorize Washington & Jefferso institution (hereinafter "Bank") indicated indicated by Washington & Jefferson Colfunds erroneously into my account, I authorized the original amount of the erroneously Jefferson College's Payroll Department hat notification will afford Washington &	on College to initiate dep on this form. Further, I allege to my account. In the norize Washington & Jefous credit. This authority has received written notified.	authorize Bank to according to the event that Washing ferson College to debin is to remain in full for action from me reques	ept and to credit any credit entries ston & Jefferson College deposits it my account for an amount not to orce and effect until Washington & esting termination, understanding
Signature Required:			

Please note - Any change to your routing or account number will require one pay cycle to become effective. Changes involving your net pay will cause you to receive a "paper" check while your information is verified.