

	COLLEGE Direct Deposit Authorization		
Employee Information			
First Name:	MI: Last Name:		
Email Address:	Phone Number:		
Employee ID:	Social Security #:  **Employee ID or Social Security Number required.**		
Direct Deposit - see back of form for bank number and routing information  Primary Account:			
Bank Name:	Start Direct Deposit Change		
Bank Address:	☐ No Change		
Account #:	☐ Checking ☐ Savings		
Routing #:	**Required - Select Checking or Savings**		
Set Account Amount(s): You may have up to 5 additional accounts. If you have more than 3 accounts, please complete an additional form.			
Bank Name:	Start Direct Deposit Change		
Bank Address:	☐ No Change		
Account #:	Checking Savings		
Routing #:	Dollar Amount:		
Bank Name:	Start Direct Deposit Change		
Bank Address:	☐ No Change		
Account #:	Checking Savings		
Routing #:	Dollar Amount:		
The information supplied here will replace any other Direct Deposit information that may already exist in the Payroll files.  I authorize Hocking College to direct deposit all payments to me, from the College's Payroll Office, into my account in the financial institution named above. This authorization will remain in effect until I submit a new form or forms changing this authorization. A Statement of earnings and deductions will be made available to me after each pay via Webadvisor.			

Employee Signature

Date

Please refer to the example below to find the bank routing and account number on your check .

A voided check or letter from financial institution is required, no exceptions.

Below is a sample chec	k detailing where the information necessary to complete th	is form can be found.
DO NOT use numbers from a deposit slip or a debit card number.	NAME ADDRESS CITY, STATE ZIP  DATE  DATE  BANK NAME ADDRESS CITY, STATE ZIP  FOR  COL 234,56,789: 01234,56,78901231* 0123	Date Activated  Payroll Use Only
	Bank Routing Bank Account Check Number Number Number	