WASHINGTON COLLEGE
EST. 1782

Office of Human Resources
300 Washington Avenue • Chestertown MD 21620
PHONE 410.778.7298 • FAX 410.778.7254
EMAIL hr@washcoll.edu
WEB hr.washcoll.edu

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Social Security #:_____-_____-_____ College ID #:_____

Employee's Proper Name: _____ _____ _____ _____
First Name Middle Last Name Suffix

I hereby authorize my employer, Washington College, and the depository institution(s) named, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to the account(s) indicated below. I understand that this authorization of direct deposit is to remain in effect until the Human Resources Department has received written notification from me of termination or change of the account(s) listed in such time and in such manner as to enable both the Human Resources Department and the Bank(s) to act on the notification.

Additionally, I hereby acknowledge constructive receipt of and agree to comply with College policies, as may be revised from time to time, published in

- The Faculty Handbook at http://provost.washcoll.edu/pdf/faculty_handbook.doc
- Or the Staff Handbook at http://hr.washcoll.edu/newemployees_staffhandbook.php
- Or the Student Employment Handbook at http://hr.washcoll.edu/studentemployment.php

_____ _____
Employee Signature Date

REQUIRED ACCOUNT VERIFICATION

For all accounts, please attach a blank voided check or official letter from your bank verifying account holder information.
Note: Deposit slips and/or documents with hand-written information will not be accepted.

DIRECT DEPOSIT CHANGES

☐ **Please check here if this is a *change* to your direct deposit account. Effective date of change:_____**

Have you closed your previous account with your bank? ☐ Yes ☐No

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PRIMARY ACCOUNT

Account Type: ☐ Checking ☐ Savings

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____ Account Number: _____

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ADDITIONAL ACCOUNTS

Your net pay, less any additional direct deposit amount(s) authorized below, will be deposited to this account.

Account Type: ☐ Checking ☐ Savings

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____ Account Number: _____

Name on Account_____

Dollar amount to be deposited into this account (must be fixed dollar amount) : $_____

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Account Type: ☐ Checking ☐ Savings

Depository (Bank) Name: _____

Transit/ABA number (9 digits): _____ Account Number: _____

Name on Account_____

Dollar amount to be deposited into this account (must be fixed dollar amount) : $_____