



Direct Deposit Authorization Agreement

WC ID# _____

Name: _____

(Proper Name Required – No Nicknames – First, Middle, Last, 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 Business Office 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 Business Office and the Bank(s) to act on the notification. This form supersedes all direct deposit authorizations on file. (Christmas Club, Credit Union and other accounts must be included when you update the form if the account should remain open).

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.

DIRECT DEPOSIT CHANGES

Please check here if this is a change to your direct deposit account. Effective Date: _____

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

PRIMARY ACCOUNT

Account Type: Checking Savings

Depository (Bank) Name: _____

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

ADDITIONAL ACCOUNTS

Your net pay, less any additional direct deposit amount(s) below will be deposited in to these accounts.

Account Type: Checking Savings

Depository (Bank) Name: _____

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

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Depository (Bank) Name: _____

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