

**CENTENARY COLLEGE  
DIRECT DEPOSIT FORM**

**Print Full Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my banking institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my banking institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my banking institution.

Please note that, due to timing differences, **new** or **changed** direct deposits may receive one "live" check (not direct deposit) after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.

In the event that an employee's employment is terminated, final pay may be by check and NOT direct deposit.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information is required if you wish to participate in the Direct Deposit Program.

<b>Direct Deposit to the following CHECKING account(s).</b>								
<b>A voided check should be attached. If a voided check is NOT attached, then this section should be completed by your banking institution. Deposit slips can NOT be used.</b>								
Deposit net pay to:			Deposit fixed amount \$			Deposit fixed amount \$		
Name of Banking institution			Name of Banking institution			Name of Banking institution		
Routing #			Routing #			Routing #		
Account #			Account #			Account #		
New	Change	Stop	New	Change	Stop	New	Change	Stop

<b>Direct Deposit to the following SAVINGS account(s).</b>								
<b>Attach printed account information provided by your banking institution. If printed account information is not attached, then this section should be completed by your banking institution. Deposit slips can NOT be used.</b>								
Deposit net pay to:			Deposit fixed amount \$			Deposit fixed amount \$		
Name of Banking institution			Name of Banking institution			Name of Banking institution		
Routing #			Routing #			Routing #		
Account #			Account #			Account #		
New	Change	Stop	New	Change	Stop	New	Change	Stop

To be completed by Payroll: **Your direct deposit will start on** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_