

ERSKINE

COLLEGE & SEMINARY

Direct Deposit Authorization and Change Form

ATTACH VOIDED CHECK HERE

Note: The Federal Reserve requires a pre-note period to verify the accuracy of the account information. This verification process takes one full pay cycle. Payments made during this verification process will be by check.

- I authorize my pay to be automatically deposited to my bank account each payday. (Please complete, sign, and return this form to the Business Office.)
- Change in Financial Institution/Change Account Number (Attach voided check)
- Cancel Direct Deposit

Employee Name: _____

Social Security # _____ Telephone # _____

Department _____

Name of Bank: _____

Bank City, State: _____

Bank Information _____

Routing Number _____

Account Number: _____

Account Information Checking Savings
I wish to deposit \$ _____ or Entire Net Amount

I authorize the deposit of my payroll check each pay day to the financial institution indicated above. I further agree to the following conditions:

1. This authorization remains in force until canceled by me or until termination of my employment.
2. Erskine College reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Erskine College. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available in the account to cover the deposit error at the time of the recall/adjustment.
4. I absolve the College from any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

Signed: _____

Date: _____