



DIRECT DEPOSIT

STUDENT WORKERS

Return this form, fully-completed, along with a VOIDED CHECK OR COPY of a CHECK to the Payroll Office.

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO VERIFY THROUGH HIS/HER BANK OR THE PAYROLL DEPARTMENT (PREFERABLY BOTH) THE DATE UPON WHICH THE DIRECT DEPOSIT WILL BECOME EFFECTIVE.

EMPLOYEE NAME _____ DATE _____
(Please Print)

SOCIAL SECURITY # _____

(Please check appropriate line)

_____ NEW _____ CHANGE

NAME OF BANK/FINANCIAL INSTITUTION _____

TRANSIT NUMBER OF BANK _____
(To be obtained from bank by employee)

BANK ACCOUNT NUMBER _____

(Please check appropriate line)

_____ CHECKING _____ SAVINGS

EMPLOYEE SIGNATURE _____ DATE _____

Office use:

Live _____ Payroll