

Hellenic College

DIRECT DEPOSIT AUTHORIZATION FORM

____ START: I authorize you and the financial institution listed below to deposit my net pay automatically to my account(s) each payday, and to initiate adjustments, if necessary, for any entries made in error to my accounts.

____ CHANGE Checking &/or Savings: I authorize you to change my direct deposit to the account(s) at the financial institution listed below.

____ STOP: I authorize you to stop the direct deposit of my net paycheck.
____ Checking Account ____ Savings Account ____ Both

PLEASE TAPE A VOIDED CHECK OR COPY OF SAME IN THE SPACE BELOW

PLEASE TAPE VOIDED CHECK HERE

BANK INFORMATION

1. Account for NET:

NAME OF BANK: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Please circle one CHECK SAVINGS

2. Account for Fixed Amount

NAME OF BANK: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Please circle one CHECK SAVINGS

PERSONAL INFORMATION

NAME (Please Print): _____

SOCIAL SECURITY NUMBER: _____ DAYTIME PHONE: _____

SIGNATURE: _____ DATE: _____

Important Notification

Please note that it takes one payroll cycle to activate your account