

COLLEGE OF MOUNT SAINT VINCENT

DIRECT DEPOSIT ENROLLMENT FORM

***IMPORTANT - PLEASE READ AND SIGN BEFORE SUBMITTING

I HEREBY AUTHORIZE "THE COLLEGE OF MOUNT SAINT VINCENT" TO DEPOSIT ANY MONIES OWED TO ME THROUGH PAYROLL INTO THE FINANCIAL INSTITUTION INDICATED BELOW. IN THE EVENT THAT THE COLLEGE DEPOSITS FUNDS ERRONEOUSLY INTO MY ACCOUNT, I AUTHORIZE "THE COLLEGE OF MOUNT SAINT VINCENT" TO DEBIT MY ACCOUNT FOR THE FULL AMOUNT. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL "MY BANK" AND THE COLLEGE (PAYROLL) HAVE RECEIVED WRITTEN NOTICE FROM ME TO TERMINATE THIS CONTRACT. I UNDERSTAND THAT ENROLLMENT AND TERMINATION MAY TAKE UP TO ONE FULL PAY PERIOD TO TAKE EFFECT.

EMPLOYEE NAME _____ SIGNATURE _____

YOU MAY CHOOSE UP TO THREE ACCOUNTS (YOUR LAST ACCOUNT MUST BE FOR THE REMAINING NET AMOUNT)

1. BANK NAME / CITY / STATE _____

CHECKING SAVINGS ACCOUNT # _____

PLEASE DEPOSIT FULL AMOUNT (OR) \$ _____ ROUTING / ABA # _____

2. BANK NAME / CITY / STATE _____

CHECKING SAVINGS ACCOUNT # _____

PLEASE DEPOSIT FULL AMOUNT (OR) \$ _____ ROUTING / ABA # _____

3. BANK NAME / CITY / STATE _____

CHECKING SAVINGS ACCOUNT # _____

PLEASE DEPOSIT FULL AMOUNT (OR) \$ _____ ROUTING / ABA # _____

PLEASE ATTACH A BLANK VOIDED CHECK WITH THIS FORM.