## WARTBURG COLLEGE

## **DIRECT DEPOSIT AUTHORIZATION FORM**

The completion of this form authorizes Wartburg College to deposit your wages into your checking or savings account. This form would also need to be completed if you wish to cancel your direct deposit. Employee pay stubs are available on the InfoCenter.

All changes must be in writing and submitted to the Human Resources Office/Student Employment Office at least 15 days prior to the next payroll date. Each account requires a separate form.

Always be sure to notify your bank when setting up direct deposit for your wages.	
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Please check the appropriate box:	
□ New Direct Deposit □ Change to Current Direct Deposit □ Cancel Current Direct Deposit	
Bank Name:	Bank Phone #:
Bank Address:	City & State:
YOUR NAME 1234 Main Street Anywhere, OH 00000  PAY TO THE ORDER OF	Printed documentation (i.e. voided check or letter from your bank) of your bank's routing number and your account number is needed. This information may be faxed to Human Resources at (319) 352-8417.
ROUTING ACCOUNT CHECK NUMBER NUMBER NUMBER	Note: A debit card number or member ID number for a credit union are not valid bank account numbers. Do not use the routing number that is listed on a deposit slip.
Routing Number:	
Account Number:	
Account Type (check one): Savi	ngs Account Checking Account
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savings account identified above and to mail that if I provide inaccurate bank account info	ollege to directly deposit my wages into the checking or I my check to the address currently on file. I understand ormation on this form, it will result in a delay of receiving my ally reimburse or authorize Wartburg College to allow my I was not entitled.
Employee Name (printed):	ID #:
Employee Signature:	Date: