



470 Western Highway, Orangeburg, New York 10962
Payroll Office 845.848.7823 / FAX 845.359.3494

Employee Direct Deposit Enrollment Form

Dominican College of Blauvelt Payroll Use Only:

Payroll Manager: _____ Employee ID Number: _____
Payroll Manager Signature: _____

To enroll in **Full Service Direct Deposit**, simply fill out this form and return it to the Payroll Office. **Attach a voided check** if depositing in a checking account –not a deposit slip. *If depositing in a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on the savings deposit slip.* This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where to find the necessary information to complete this form.

012345678 123456789 0101
Routing/Transit # Checking Acct # Check #

Important! Please read and sign before completing and submitting.

I hereby authorize the college's payroll provider to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the college's payroll provider to my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and in effect until written notice received from me of its termination in such time and in such manner as to afford reasonable opportunity to act on it.

Employee Name: _____ Soc. Security #: _____
Employee Signature: _____ Date: _____

Account Information: START ADD/CHANGE CANCEL

ALL accounts will go through verification/validation process. Your first check will be a CHECK. Make sure to indicate what TYPE of account, along with amount to be deposited.

1. Bank Name/City/ State: _____
Routing/Transit Number: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net amount _____
2. Bank Name/City/ State: _____
Routing/Transit Number: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net amount _____
3. Bank Name/City/ State: _____
Routing/Transit Number: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net amount _____

You MUST provide Payroll Office any change(s) in your bank account status ASAP.