MACALESTER COLLEGE

MACALESTER COLLEGE DIRECT DEPOSIT FORM

Please PRINT or TYPE

Name _____ ID # _____

Last Name, First Name MI

- Complete this form in full to enroll in or change status for Direct Deposit
- Direct Deposit takes 1 - 2 pay periods to go into effect
- All accounts must equal 100% of check
- Sign and return form and all attachments to Business Services, 77 Macalester
- Accounts Payable Reimbursements will be deposited into your primary account
- Notify the Payroll Department ASAP when changing or canceling bank accounts

Phone # _____

Check Payroll Type:

[ ] Bi-weekly Staff [ ] Monthly [ ] Bi-weekly

DIRECT DEPOSIT OPTION(S)

For Each Option Below you MUST ATTACH:

- **Checking Accounts - a photocopy of a blank check or a voided check, showing an account number and routing number (nine digit number to the left of the account number).**
- **Savings Accounts – need to call your bank for the account number and routing number (nine digit number to the left of the account number) to be used for direct deposit.**

Option					
1	**Add**		**PRIMARY** Financial Institution Name:	Routing Number:	Checking
	Change			Account Number:	Savings
	Cancel		**ALL NET PAY WILL BE DEPOSITED -- NO DOLLAR AMOUNT NEEDED**		

Option					
2	**Add**		**SECOND** Financial Institution Name:	Routing Number:	Checking
	Change			Account Number:	Savings
	Cancel		**DOLLAR AMOUNT DEPOSITED EACH**	$	

Option					
3	**Add**		**THIRD** Financial Institution Name:	Routing Number:	Checking
	Change			Account Number:	Savings
	Cancel		**DOLLAR AMOUNT DEPOSITED EACH**	$	

Option					
4	**Add**		**FOURTH** Financial Institution Name:	Routing Number:	Checking
	Change			Account Number:	Savings
	Cancel		**DOLLAR AMOUNT DEPOSITED EACH**	$	

I hereby authorize the College to directly deposit into the Financial Institution account number(s) listed above, as well as authorize the Institution(s) to post the pay to the above listed account(s). I authorize the College to initiate debit entries to above designated account(s) as may be necessary to correct erroneous credit entries and authorize the listed Financial Institution(s) to subtract such entries from the above designated account(s).

This agreement is effective on the next check processing after the signature date below and will remain in force until the College receives notice of change or cancellation from me. Any notice of cancellation must be received by the College in such a manner as to afford the College reasonable opportunity to act on it. I understand that if I fail to notify Business Services in a timely manner that my account has changed or been cancelled and the funds are not able to be deposited into my account that a replacement check will be produced only upon receipt of those original funds into the College bank account. This can take up to one to two weeks.

I understand and approve the authorization(s) or cancellation(s) as indicated above. This agreement supersedes all Direct Deposit forms with a prior date and must be signed and dated for any action on the part of the College.

SIGNATURE: **DATE:**