



Student Direct Deposit Authorization Agreement Form

Maryville College offers a direct deposit option for all student employees. Direct deposit allows convenient and reliable access to your earnings and eliminates any problems associated with lost/stolen checks or checks issued when classes are not in session. If you are interested, complete this form to have your earnings deposited directly into the checking or savings account of your choice. It is your responsibility to verify with your financial institution on your pay date that your direct deposit was credited to your account. Your pay stub will be placed in your MC mailbox.

*****ATTACH A VOIDED CHECK*****

<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change My Account	<input type="checkbox"/> Stop Direct Deposit
Name (Last, First, Middle Initial)		Student ID Number 0000 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Bank or Financial Institution		
Account Type (Please Check <u>Only</u> One)		
<input type="checkbox"/> Checking Account (please attach a voided check or an account verification letter from your financial institution)		
<input type="checkbox"/> Savings Account (you must provide routing number and account number)		
Transit Routing (ABA) Number (Must be 9 numbers)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

I authorize Maryville College to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the College to initiate a correcting entry. I understand that the authorization may be rejected or discontinued by the College at any time. If any of the above information changes, I will promptly complete a new authorization agreement. I understand that if I fail to stop my direct deposit before closing my account, funds payable to me will be returned to the College for distribution. This will delay my check. This authorization is valid for the entire period during which I am enrolled at Maryville College.

My signature below acknowledges that the above information is correct and I understand the terms and conditions of this agreement.

Signature

Date