

Direct Deposit Authorization Form



Banner ID

Name

*The account(s) must be established and active at your bank(s).
You may fill this out electronically and print out. Prints on 2 pages.*

Please check the appropriate box and complete:

New
Account

Cancel
Account 1

Cancel
Account 2

Cancel
Account 3

Note: Payroll must be notified BEFORE you cancel account.

Direct Deposit already set up, changing dollar amount only

Account Number you are replacing
(REQUIRED)

New Account to replace an existing direct deposit

Account 1

Bank Name

Bank Transit Routing Number

Bank Account Number

Checking

Savings

Full Deposit

Partial Deposit (amount per pay date)

Account 2

Bank Name

Bank Transit Routing Number

Bank Account Number

Checking

Savings

Full Deposit

Partial Deposit (amount per pay date)

Account 3

Bank Name

Bank Transit Routing Number

Bank Account Number

Checking

Savings

Full Deposit

Partial Deposit (amount per pay date)

Please return to the appropriate Department:

Graduate Students - Payroll Department

Undergraduate Students - Financial Aid Department

Administrators, Staff, Faculty - Human Resources Department

* I authorize Clark University and the bank(s) above to deposit my net pay or portion thereof as indicated into my account each pay date.

* If funds to which I am not entitled are deposited to my account, I authorize Clark University to direct the bank(s) to return said funds to Clark University.

* I understand that my deposit may not be credited to my account until 5:00 PM (EST) on the pay date indicated on the check voucher.

Employee/Student Name (please print)

Employee/Student Signature

Banner ID number - if not known last 4 digits of SSN REQUIRED

Date

Contact Number

Attach voided check or a letter from the bank stating routing and account number for each bank.

