

PAYROLL DIRECT DEPOSIT

Name (please print)

Address City State Zip

_____ Start Deposit _____ Change Existing Deposit _____ Stop Deposit

ANNA MARIA COLLEGE is hereby authorized to deduct from my wages each pay period until further notice for the purpose of Direct Deposit to the institutions and accounts listed below. I understand it takes two (2) payroll periods for this to take effect. **Anna Maria College** is also authorized to reverse any deposit made in error to my account through the Direct Deposit program.

I would like deposits made to the following accounts (***A "VOID" CHECK FOR EACH ACCOUNT MUST BE ATTACHED***):

BANK	TRANSIT #	ACCOUNT #	AMOUNT	CHK / SVGS

Signature: _____ Date: _____

Mail completed form to:
Ann Murphy, Anna Maria College, 50 Sunset Lane, Box L, Paxton, MA 01612