

PAYROLL DIRECT DEPOSIT

Name (please print)

Address City State Zip

_____Start Deposit _____Change Existing 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. **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 MUST BE ATTACHED**):

BANK NAME	ROUTING NUMBER #	ACCOUNT #	CHK / SVGS

Signature: _____ Date: _____