



Emerson College

Direct Deposit Agreement Form

Authorization Agreement

Emerson ID: _____ ID Number: 04-1286950

I hereby authorize Emerson College to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. I understand that a pre-note (test file) has to be sent to the bank for verification of information and the direct deposit could take up to two pay periods to take effect.

Provide one of the following required pieces of information to your **checking account**:

- a photocopy of an unused check
- a voided check
- a document from the bank showing your account number AND routing number.

Provide the following required piece of information to your **savings account**:

- A document from the bank showing your account number AND routing number.

This authorization applies to the bank account(s) information that is listed below:

Account Information

1. Bank Name: _____ City/State: _____

Routing Number: _____ Account Number: _____

I wish to deposit: \$ _____ **OR** Entire Net Amount

Checking Savings

2. Bank Name: _____ City/State: _____

Routing Number: _____ Account Number: _____

I wish to deposit \$ _____ **OR** Entire Net Amount

Checking Savings

This Agreement is to remain in effect until Emerson College has received written notification from me of its termination in such time to afford Emerson College and the above-mentioned Bank a reasonable opportunity to act on it.

Signature

Employee Name (Please Print): _____ **Date:** _____

Employee Signature: _____ **Date:** _____

***Please attach a voided blank check(s). No deposit slips for checking accounts will be accepted. Please verify the routing/transit number with your bank for all savings accounts.**

Faculty Part-Time Faculty Staff Student Temp