



DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION AGREEMENT

(Please print)

First Name: _____ Last Name: _____ Middle Initial _____

Social Security Number: _____ (Last 4 digits only)

Address associated with your US bank account:

Street Address _____ City _____ State _____ Zip Code _____

Department/Campus: _____

Telephone: _____ Email Address: _____

*******PLEASE NOTE*******

Payroll must "pre-note" (test out) the information provided below to make sure that the transit and account numbers are correct, therefore please allow two payroll periods for completion of the enrollment process.

For checking accounts: Attach a photocopy or voided original check, which provides account number and bank transit routing number.

For savings accounts: Attach an official letter from your bank stating your account number and the bank's transit routing number.

TO BE COMPLETED BY EMPLOYEE (Account 1)

____ Checking Account ____ Savings Account ____ Account Change

Bank Name: _____

Transit Routing Number: _____

Account Number: _____

Deposit Amount: \$ _____ (Flat Amount)

TO BE COMPLETED BY EMPLOYEE (Account 2)

____ Checking Account ____ Savings Account ____ Account Change

Bank Name: _____

Transit Routing Number: _____

Account Number: _____

Deposit : _____ Remainder Net Pay

I authorize New York Institute of Technology to deposit my net pay into my account as indicated above each payday. If funds to which I am not entitled are deposited in my account, I authorize New York Institute of Technology to initiate necessary adjustments to my account to effect return of said funds. This authorization will remain in effect until I provide written notice of its rescission to the Payroll Department.

Signature _____

Date _____