

## Kalamazoo College Electronic Payment (Direct Deposit) Authorization for Faculty/Staff Payroll and Benefits

<b>Print or type</b>	Name (please print or type your full legal name)	Please check one:  <input type="checkbox"/> Faculty/Staff - Biweekly Pay  <input type="checkbox"/> Faculty/Staff - Monthly Pay
	Address	
	City, State, & Zip	

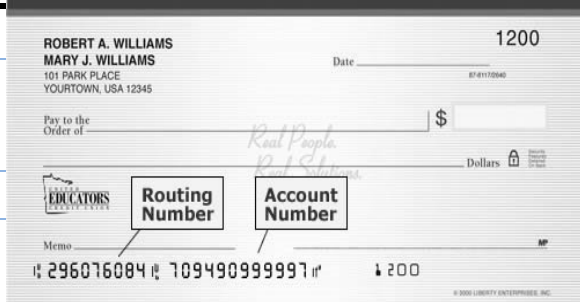
Authorization Type	
<input type="checkbox"/>	<b>New setup</b> Please allow 2-3 weeks for activation. Paper checks will be issued until electronic transfers can be established.
<input type="checkbox"/>	<b>Change</b> Please allow 2-3 weeks for changes. This authorization replaces any other payroll direct deposit authorization made on a previous date.
<input type="checkbox"/>	<b>Cancellation</b>

**Direct Deposit Payroll (and Flex/HRA reimbursements)**

**Direct Deposit for Flex Plan and/or HRA Reimbursement:** Flex and/or HRA reimbursement payments cannot be split between accounts. If you are using multiple accounts for payroll, please indicate which account you want to be used for Flex and/or HRA Reimbursement:

Account 1   
  Account 2   
  Account 3

**Direct Deposit for Payroll:** For each Payroll the amounts requested below will be processed in the following order to the extent that there are adequate funds available for deposit:



1.	<input type="checkbox"/> Checking    or <input type="checkbox"/> Savings	\$	per pay	or	Total Pay Amount	<input type="checkbox"/>
	Name of Financial Institution	ABA / Transit / Routing # (9 digits)	Account #			
2.	<input type="checkbox"/> Checking    or <input type="checkbox"/> Savings	\$	per pay	or	Remaining Balance	
	Name of Financial Institution	ABA / Transit / Routing # (9 digits)	Account #			
3.	<input type="checkbox"/> Checking    or <input type="checkbox"/> Savings	\$	per pay	or	Remaining Balance	
	Name of Financial Institution	ABA / Transit / Routing # (9 digits)	Account #			

**For a CHECKING account, please write "VOID" across an unused check and attach it to this form.**

**For a SAVINGS account, please contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.**

**Sign and date this form and return it to the Payroll Office in Mandelle Hall.**

I hereby authorize Kalamazoo College to deposit by Electronic Transfer payments types, as indicated above, owed to me by Kalamazoo College and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Kalamazoo College shall deposit the payments in the Financial Institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations that exist on the date of my signature on this form or as subsequently adopted, or amended, or repealed.

Signature:	Date:
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<b>For internal use only</b>	Notified JFP	
Notes:	Entered by Payroll	