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

Print or type

Name (please print or type your full legal name)

Address

City, State, & Zip

Please check one:

☐ Faculty/Staff - Biweekly Pay

☐ Faculty/Staff - Monthly Pay

Authorization Type

☐ **New setup** *Please allow 2-3 weeks for activation. Paper checks will be issued until electronic transfers can be established.*

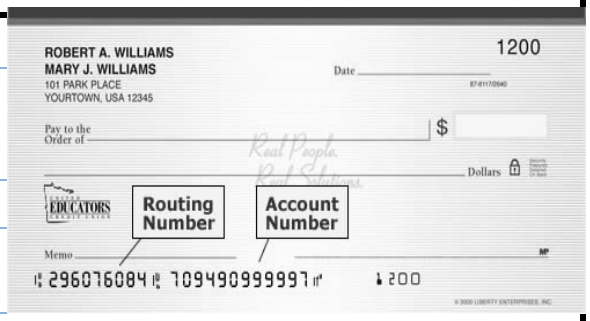
☐ **Change** *Please allow 2-3 weeks for changes. This authorization replaces any other payroll direct deposit authorization made on a previous date.*

☐ **Cancellation**

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. ☐ Checking or ☐ Savings $ per pay or Total Pay Amount ☐

   Name of Financial Institution | ABA / Transit / Routing # (9 digits) | Account #

2. ☐ Checking or ☐ Savings $ per pay or Remaining Balance

   Name of Financial Institution | ABA / Transit / Routing # (9 digits) | Account #

3. ☐ Checking or ☐ 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:

For internal use only

Notified JFP

Notes:

Entered by Payroll