

Kalamazoo College

Electronic Payment (Direct Deposit) Authorization for Student Employees

Print or type	Name (please print or type your full legal name)	Student ID #
	Address (please use home address, not campus address)	
	City, State & Zip	
	Email	Phone

	Authorization Type	
	New Setup <i>Paper checks will be issued until electronic transfers can be established. Please expect a 2-4 week turnaround time.</i>	
	Change <i>This authorization replaces any other payroll direct deposit authorization made on a previous date.</i>	
	Cancellation	
	Checking or Savings	

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.**
- ✓ **Print, 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Rules and Regulations that exist on the date of my signature on this form or as subsequently adopted, or amended, or repealed.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

Notes:	Entered by Payroll:
--------	---------------------