

**PAYROLL  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT  
COLLEGE OF SAINT MARY**

HR/Payroll Representative Sarah Marie Livingston

To enroll in Full Service Direct Deposit, simply fill out this form and give to the HR/Payroll Representative above. **Attach a voided check for each checking account-not a deposit slip.** If depositing to a savings account, ask your bank to give you the Routing/Transit ABA Number for your account. It isn't always the same number as on a savings deposit slip. This will help ensure that you are paid correctly. If you have any questions while completing this form please contact the above HR/Payroll Representative.

**Employee Name (type or print):**

BANK NAME	ACCOUNT #	9 DIGIT ABA ROUTING #	CHECKING OR SAVINGS	DEPOSIT AMOUNT OR ENTIRE NET

**Important! Please read and sign before completing and submitting.**

I hereby authorize ADP (Automatic Data Processing, Inc) to deposit any amounts owed me, as instructed by my employer, by initiation credit entries to my accounts at the financial institutions indicated on this form. Further, I authorize the financial institutions to accept and to credit any credit entries indicated by ADP to my accounts. If funds to which I am not entitled are deposited to my account, I authorize ADP to direct the bank to return said funds to ADP.

This authorization is to remain in full force and effect until ADP and the financial institution have received written notice from me or notice from the HR Director of its termination in such a manner as to afford ADP and the financial institution opportunity to act on it.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE PRINT NAME: \_\_\_\_\_