

Direct Deposit Authorization Form

Last Name	First	Middle
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Please note: this form will override any and all previous direct deposit information. List ALL account information to be included.

Principal Account: Pay deposits and reimbursements (required)

This account will be used for the remainder of your net pay after deposits into additional accounts, if applicable, and ALL Accounts Payable payments (e.g. reimbursements).

Bank Name	State	<input type="radio"/> Checking <input type="radio"/> Savings
Routing Number	Account Number	

* Your ACCOUNT NUMBER is NOT your debit or credit card number.

Additional Account: (optional)

Paychecks will be distributed to secondary accounts first, with the remainder being deposited into the principal account.

Bank Name	State	Dollar Amount	<input type="radio"/> Checking <input type="radio"/> Savings
Routing Number	Account Number		

Additional Account: (optional)

Paychecks will be distributed to secondary accounts first, with the remainder being deposited into the principal account.

Bank Name	State	Dollar Amount	<input type="radio"/> Checking <input type="radio"/> Savings
Routing Number	Account Number		

Effective Date:

Please list the effective date of change.

If you are currently contributing to a 529 plan and would like to continue that contribution, check here.

I hereby authorize the College to directly deposit into the Financial Institution account numbers listed above, as well as authorize the institutions to post the pay to the above listed accounts. I authorize the College to initiate debit entries to above designated accounts as may be necessary to correct erroneous credit entries and authorize the listed Financial Institutions to subtract such entries from the above designated accounts.

This agreement is effective on the next check processing after the signature date below and will remain in force until the College receives notice of change or cancellation from me. Any notice of cancellation must be received by the College in such a manner as to afford the College reasonable opportunity to act on it.

I understand and approve the authorizations or cancellations as indicated above. This agreement supersedes all prior Direct Deposit Authorization forms.

Signature	Date
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Submit completed forms to the Human Resources at hr@carleton.edu.

Forms not delivered in person will require a confirmation video chat/call initiated by Human Resources.

If you have any questions, please contact hr@carleton.edu