



Adrian College

DIRECT DEPOSIT REQUEST

EMPLOYEE NAME (PLEASE PRINT)

NAME OF BANK (PLEASE PRINT)

TYPE OF ACCOUNT (circle one):

CHECKING or SAVINGS

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BANK ROUTING NUMBER (must be 9 digits, see below)

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BANK ACCOUNT NUMBER (number may not fill all boxes, see below)

By signing below, I authorize Adrian College to deposit my net pay to my account at the above named institution. Adrian College is also authorized to debit my account to adjust for any over deposit. This authorization may be cancelled by Adrian College at any time. This authorization may be cancelled by the employee within 15 days written notice given to the Adrian College Payroll Office.

X

Employee Signature

Date



IF POSSIBLE, PLEASE ATTACH A VOIDED CHECK