

Employee Direct Deposit Enrollment Form

Employee Name _____

Social Security Number _____

Important! Read and sign before completing and submitting.

I hereby authorize Trinity College to deposit my net payroll or the amounts indicated below with the institution(s) specified below for credit to my account. I understand that this authorization will remain in effect throughout my employment unless cancelled by me in writing or Trinity College.

In the event that Trinity College deposits funds erroneously into my account, I authorize Trinity College to debit my account for an amount not to exceed the original amount of the error.

The electronic funds transfer system requires a pre-notification of all new account numbers. I understand the pre-notification process may take up to three pay periods to complete. A live check will be issued until the accounts are verified and activated.

Employee Signature: _____ Date: _____

Account Information:

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings I wish to deposit \$ _____ Or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings I wish to deposit \$ _____ Or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings I wish to deposit \$ _____ Or Entire Net Amount

Attach a voided check for each checking account-not a deposit slip. If depositing into a savings account, ask your bank to give you the Routing/Transit number for your account. Routing/Transit Numbers are not always the same on deposit slips. This will insure that your deposit will properly authorize for the pre-noting process.

FOR PAYROLL OFFICE USE ONLY

Date Keyed in Payroll: _____

Date Sent to Pre-Note: _____

Date Effective: _____

Signature of Payroll Manager: _____