SARAH LAWRENCE COLLEGE DIRECT DEPOSIT AUTHORIZATION

SLC ID:	FOR (CIRCLE): *PAYROLL *ACCT. PAYABLES
I hereby authorize Sarah Lawrence College to direct deposit funds to my account(s) with the financial institution listed below. I also authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method.	
Check one of the following: Start Stop	Changing Account Adding an Account
Attach a voided check or Bank completed form	
BANK: Type of Account: Checking Sa	evings □ Investment Account
ABA Bank Routing Number (must be 9 numbers)	Account Number (not to exceed 17 numbers)
(Enter the above information from the bottom of your check, do not include	
Deposit Amount: % OR \$	(flat amount) OR Net/Remaining
BANK: Type of Account: Checking Sa	(flat amount) OR Net/Remaining Account Number (not to exceed 17 numbers)
Attach a voided check or Bank completed form BANK:	
Type of Account: Checking Sa	vings ☐ Investment Account
ABA Bank Routing Number (must be 9 numbers)	Account Number (not to exceed 17 numbers)
(Enter the above information from the bottom of your check, do not include	the check number)
Deposit Amount: % OR \$	
By my signature below, I confirm this authorization is to remain in full force and effect until the College has received written notification from me of its termination. I also agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid and treated as an original.	
SIGNED	DATE

Notify Payroll and/or A/P **immediately** if your account number or bank changes. Contacts: Elizabeth Commisso & Luis Urias(Payroll) x2555 / Charlotte Stephenson(A/P) x2554