

Hamilton College Direct Deposit Authorization

NEW DIDECT DE	DOCIT ACCOLINIT			
Bank Name:	POSIT ACCOUNT Account #:	Routing #:	Amount: **	Account Type:
			IΦ	☐ Checking
			/Φ	□ Savings □ Checking
			/\$	Savings
T. T	(C) 1 1) D (C) 1		/\$	Checking Savings
	(for entire check), P (for partial amoun		o include dollar amounts in num	neral digits.
	owing if a direct deposit a	·		
ADD AN ACCOU Bank Name:		N ACCOUNT Routing #:	Amount: **	Λ Τ
Dank Name:	Account #:	Routing #:	/\$	Account Type: Checking Savings
				☐ Checking ☐ Savings
			/\$	☐ Checking ☐ Savings
	(for entire check), P (for partial amour	at), or R (for remaining amount). Also	o include dollar amounts in nun	
CHANGE AMOU		_		. <u> </u>
Bank Name:	Account #:	Routing #:	Amount: **	Account Type: ☐ Checking ☐ Savings
				Checking Savings
			/\$	☐ Checking ☐ Savings
**Please specify under amounts: E	(for entire check), P (for partial amour	at), or R (for remaining amount). Also	o include dollar amounts in nun	neral digits.
CANCEL DIRECT	DEPOSIT			
Bank Name:	Account #:	Routing #:	Amount: **	Account Type:
			/\$	Savings
			/\$	☐ Checking ☐ Savings
			10	☐ Checking☐ Savings
**Please specify under amounts: E	(for entire check), P (for partial amour	nt), or R (for remaining amount). Also	o include dollar amounts in nun	neral digits.
.				
Please check one:				
☐ I understand that the d	lirect deposit will take effect	immediately by attaching a	VOIDED check.	
☐ I understand that the d	lirect deposit will take one pa	ayroll cycle to take effect if	I have not attached a V	OIDED check.
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FOR OFFICE USE ONLY:

Effective Date: _____ Date Entered: _____ Entered By: _____