

Meredith College
3800 Hillsborough St
Raleigh, NC 27607

Direct Deposit
Employee Authorization

Employee Name: _____ ID #: _____ Initial sign-up
Phone number where you may be reached: _____ Change bank or account
Stop direct deposit
Add new account to existing accounts
Other: _____

You may designate more than one account and/or financial institution for your direct deposit. **DO NOT close the account(s)** named below without written notification to Human Resources to stop or change your direct deposit (you may do so via this form). **Failure to do so will delay receipt of your paycheck until the next scheduled pay date.** Complete the information below and attach a voided check or savings verification form from your bank.

I hereby authorize Meredith College to initiate electronic payroll deposit entries and, if necessary, make adjustments to reverse any deposits made in error to the account(s) and financial institution(s) indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Attach Voided check here.
OR
Attach bank verification form to this form.

Attach Voided check here. -
OR -
Attach bank verification form to this form. -

Bank Name: _____

Amt to Deposit: Total check and/or Fixed amt \$ _____ Balance of check for multiple deposits

Type of Account: Checking - attach voided check Checking - attach voided check
 Savings- attach verification form Savings- attach verification form

This authorization shall remain in effect until the College receives written notification from me of its termination. Notices must be made in a timely manner so as to afford the College and the financial institution(s) a reasonable opportunity to act upon it (you may do so in the space provided at the bottom of this form). Receipt in Human Resources of such notification ten (10) days prior to a pay date will ensure timely processing.

Employee Signature: _____ Date: _____

I wish to cancel my participation in direct deposit effective: _____

Employee Signature: _____ Date: _____