BECKER COLLEGE

Direct Deposit
Authorization and Enrollment Form

I hereby authorize Becker College to make payment to me for work performed by initiating credit entries to my bank and account as indicated below. In addition, I also authorize Becker College to adjust any over-deposit which is caused to be made to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my employer. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it.

It is understood that timely processing of payroll information is essential for an accurate and timely direct deposit system. To assure this, employees on direct deposit will not be allowed to:

- Frequently move in and out of direct deposit.
- Request return to paychecks because of change in payroll calendar or vacations.

Section 1 – Employee Section

Employee Name: _____ Student ID:_____

Please □ Begin □ End □ Change Direct Deposit

Phone Number: _____ Email address: _____

Bank Name: _____

Account Type: □ Checking □ Savings

Transit Routing Number

I:				'							I:

Transit ABA

Account Number:

Employee Signature: _____ Date: _____

Section 2 – Payroll Office

Employee Number: _____ Employee Name: _____

Transit Routing Number

I:				'							I:

Transit ABA

Account Number Verified

Checking _____ (22) Savings _____ (32)