



COLGATE UNIVERSITY

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Colgate ID#	Employee name	Work phone#
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PAYROLL BANK 1 INFORMATION

Financial Institution name			OFFICE USE Priority
<input type="checkbox"/> New	Bank Routing # (9 digits)	Account type	
<input type="checkbox"/> Change	Account #	<input type="checkbox"/> checking <input type="checkbox"/> savings	
<input type="checkbox"/> Stop	Amount to this account <input type="checkbox"/> flat \$ amount \$_____	<input type="checkbox"/> percent %_____ <input type="checkbox"/> net/balance	

PAYROLL BANK 2 INFORMATION (optional)

Financial Institution name			OFFICE USE Priority
<input type="checkbox"/> New	Bank Routing # (9 digits)	Account type	
<input type="checkbox"/> Change	Account #	<input type="checkbox"/> checking <input type="checkbox"/> savings	
<input type="checkbox"/> Stop	Amount to this account <input type="checkbox"/> flat \$ amount \$_____	<input type="checkbox"/> percent %_____ <input type="checkbox"/> net/balance	

ACCOUNTS PAYABLE BANK INFORMATION (employee expense reimbursement) will default to Bank 1 information if not specified

Financial Institution name			OFFICE USE Priority
<input type="checkbox"/> New	Bank Routing # (9 digits)	Account type	
<input type="checkbox"/> Change	Account #	<input type="checkbox"/> checking <input type="checkbox"/> savings	
<input type="checkbox"/> Stop	Amount to this account <input type="checkbox"/> flat \$ amount \$_____	<input type="checkbox"/> percent %_____ <input type="checkbox"/> net/balance	

CHECKING ACCOUNT: ATTACH A VOIDED CHECK

SAVINGS ACCOUNT: ATTACH DOCUMENTATION FROM YOUR FINANCIAL INSTITUTION

I authorize Colgate University to deposit my paychecks and expense reimbursements into the account(s) listed above as directed.
This authority will remain in effect until I give written notice of a change or cancellation.

SIGNATURE _____

DATE _____

MAIL FORM TO THE PAYROLL DEPARTMENT

13 Oak Drive Hamilton, NY 13346

Payroll Dept. Use: Completed by: _____	Date Completed: _____
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