

THE COLLEGE OF  
**WOOSTER**

**PAYROLL ELECTRONIC DEPOSIT FORM**

The College requires all employees to electronically deposit their net pay to a U.S. checking and/or savings account(s) to utilize the most efficient and convenient method of payroll distribution. This form must be completed to identify the checking and/or savings account(s) and ABA/routing number(s) of the financial institution(s) in order to receive electronic deposit each payday.

Name: \_\_\_\_\_ Last 4-Digits of SSN: \_\_\_\_\_  
(Please Print)

**Action Requested** (Select One):

- Start Direct Deposit
- Stop Direct Deposit
- Change (Add/delete a bank, increase/decrease fixed amount or select new balance account)

Desired effective date: \_\_\_\_\_

Please indicate the type of account, 9-digit ABA/routing number, account number, and the amount to be deposited each pay for up to three accounts. **Please attach a voided check or other document from the bank indicating the ABA/routing number and account number for each account.** Please note: Deposits requested below will be processed in numerical order, provided that there are adequate funds available.

1. Checking or Savings      Amt. per pay \$_____ or      All Pay <input type="checkbox"/>
Bank Name _____
ABA/Routing # _____      Account # _____

2. Checking or Savings      Amt. per pay \$_____ or      Remaining Pay <input type="checkbox"/>
Bank Name _____
ABA/Routing # _____ Account # _____

3. Checking or Savings      Amt. per pay \$_____ or      Remaining pay <input type="checkbox"/>
Bank Name _____
ABA/Routing # _____ Account # _____

By signing below, I authorize The College of Wooster to deposit my net pay after taxes and deductions into the above bank account(s). Furthermore, I give authorization to the College of Wooster to retract any funds from my bank account(s) if a deposit has been made in error.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_