



# 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 dollar 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 dollar amount \$_____ <input type="checkbox"/> percent %_____ <input type="checkbox"/> net/balance		

### PAYROLL BANK 3 INFORMATION (optional) Employee expense reimbursements 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 dollar amount \$_____ <input type="checkbox"/> percent %_____ <input type="checkbox"/> net/balance		

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the Payroll Department, located in the Office of Accounting & Control - James B Colgate Hall

*To safeguard personal information do not email this form as it contains sensitive data*

**EMAILED FORMS WILL NOT BE ACCEPTED**

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