

COLGATE UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION FORM FOR STUDENTS

This authorization will remain in effect until the Payroll Dept. receives written notification to end this service.

DATE: _____

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Colgate Id# _____

Signature: _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name _____

Routing # _____
(9-digit number)

Account # _____
(not the 16 digit debit card number)

Account type (circle one): checking or savings

RETURN COMPLETED FORM TO THE OFFICE OF ACCOUNTING & CONTROL - PAYROLL

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