COTTEY

Authorization Form for Direct Deposit of Student Payroll

Print Name: Last **First** **Middle** **STUDENT** **Department**

CHECK APPLICABLE BOX

- ❑ **New Enrollment**
- ❑ **Change of Account**

Complete and sign this form. Attach a voided check for your account or a deposit slip if account does not use checks.

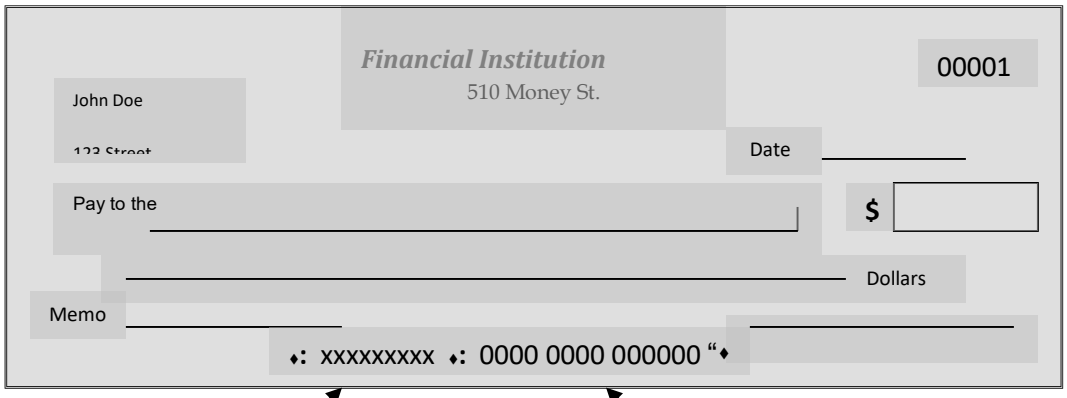
****WE WILL NEED A COPY OF A VOIDED CHECK, OR SOME KIND OF DOCUMENTATION SHOWING YOUR BANK NAME, ROUTING NUMBER, AND ACCOUNT NUMBER**

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below AND attach a blank VOID check.

Complete & attach Blank VOID Check .			
	Financial Institution:	**Type of Account (circle)** **Checking or Savings**	
	City:	**State:**	**Zip Code:**
	Transit/ABA #	**Account #**	

Example



Authorization Statement:

I hereby authorize Cottey College to deposit my net pay amount to my checking or savings account at the financial institution named above. I agree that if any funds are deposited in error to my account, Cottey College may recover such funds directly from my account. This authority will remain in effect until I have signed a new authorization. I understand that the Payroll Department must receive any change or cancellation by the end of a month to take effect the following month.

Printed Name

Student Signature **Date**